AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2021
February 2020 Meeting

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February 6, 2020

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

Subject: RUC Recommendations

Dear Administrator Verma:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2021*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 15-18, 2020 RUC meeting.

CPT 2021 New and Revised Codes – *January 2020 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 54 new/revised/related family CPT codes at the January 2020 meeting. The RUC recommends that 8 codes be referred to the CPT Editorial Panel. The RUC submits work value and/or practice expense inputs for 46 new/revised/related family CPT codes from the January 2020 meeting.

CPT 2021 New and Revised Codes – *Entire CPT 2021 Cycle*

The total number of coding changes for the entire *CPT 2021* cycle is 190, including 78 additions, 60 revisions, and 35 deletions. In addition, 17 new codes were identified as part of the family for review in relationship to the new/revised codes. Of the 155 new/revised/related family CPT codes, 52 services are not payable on the RBRVS or do not require physician work (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes. The RUC refers 8 codes to the CPT Editorial Panel.

The RUC submits work value and/or practice expense inputs for 95 new/revised/related family CPT codes for the 2021 Medicare Physician Payment Schedule.

Existing Services Identified by RUC and CMS for Review

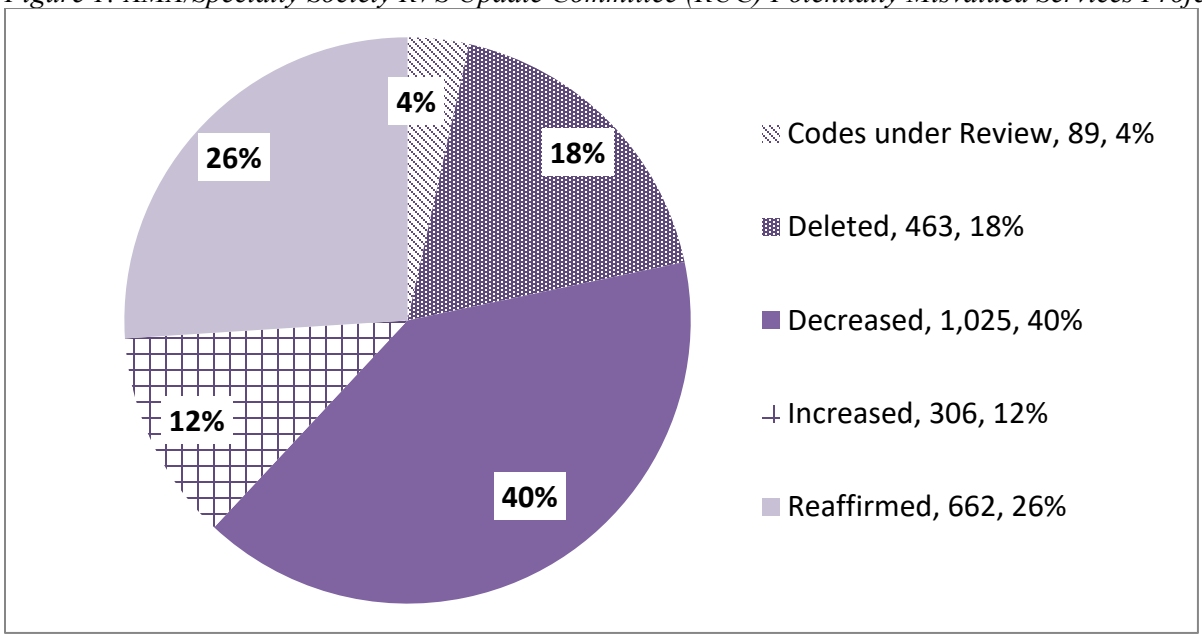
In addition to the new/revised CPT code submission, the RUC submits recommendations for 20 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2020 RUC meeting. The RUC recommends work relative values for 11 codes, direct practice expense inputs only for one code, referral to CPT for 7 codes and no specific recommendation on the valuation of one code (GPC1X).

The RUC recommendations are in addition to the 35 recommendations for existing services submitted to CMS following the RUC's April and October 2019 meetings.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,545 potentially misvalued services through objective screening criteria and has completed review of 2,456 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address mis-valuations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter (attachment 01).*

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



CMS to Review Unexplained Claims

The RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality (CPT 2018) screen. These services showed a 468% increase in work RVUs for 2018. Therefore, the specialty societies submitted an action plan for the Relativity Assessment Workgroup to discuss. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. **The RUC recommends that CMS investigate the reporting of services by this specific independent clinic.** *Please see attachment 02 which indicates all the 2018 Medicare claims reported by one specific independent clinic*.

Request for CMS to Delete G-Codes

The RUC identified International Normalized Ratio (INR) Monitoring (CPT codes 93792 and 93793) via the work neutrality (CPT 2018) screen. CMS created G0248 *Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes:*

face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results, G0249 *Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests* and G0250 *Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests* to describe these services before 93792 *Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results* and 93793 *Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed* were developed. These services showed a 314% increase in work RVUs for 2018. The Relativity Assessment Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Relativity Assessment Workgroup also noted that the RUC recommended that CMS delete G0248, G0249 and G0250 at that time. CMS did not delete these G codes for CY2018. **The RUC continues to recommend that CMS delete G0248, G0249 and G0250.**

Practice Expense Subcommittee

The attached materials include direct expense input (medical staff, supplies and equipment) recommendations for each code reviewed. As a reminder, cost estimates for proposed new clinical staff types, medical supplies and medical equipment (not listed as part of the CMS labor, supply, and equipment lists) are based on provided source(s), such as paid invoices and may not reflect the wholesale prices, quantity, cash discounts, prices for used equipment or any other factors that may alter the cost estimates. The RUC shares this information with CMS without making specific recommendations on the pricing.

Immunization Administration

The RUC requests that CMS correct the practice expense RVUs for immunization administration to be resource-based. We have found that although CMS has published the RUC recommended direct practice expense inputs for immunization administration codes 90460, 90471 and 90473, the published PE RVU of 0.22 in the nonfacility setting is not accurate for those direct practice expense inputs. Rather than implementing the direct practice expense input RUC recommendations made in 2009 to develop the PE RVUs, CMS crosswalked or more accurate for PE RVUs, hardcoded, the PE RVU for 90460, 90471 and 90473 from CPT code 90471, which is hardcoded from **CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (formerly CPT code 90772 and then 90782).*** The direct practice expense inputs used to develop the PE RVU for CPT code 96372 results in a PE RVU of 0.22 which greatly underestimates the resources needed to provide immunization services in the office setting. This is also true of immunization administration add-on codes 90461, 90472 and 90474. These three codes have a published PE RVU of 0.20 in the nonfacility setting which is not accurate for the published direct practice expense inputs for those codes. Although these three codes are clearly hardcoded to the PE RVUs of another code it is difficult to determine exactly which code the codes are hardcoded to. For all 6 codes the result is approximately 60 percent reduction in

PE RVUs resulting in payment substantially lower than current Centers for Disease Control and Prevention (CDC) regional maximum charges. Historically, when crosswalks are utilized it is only for work values, not PE relative value units. The use of a crosswalk for practice expense RVUs means that the codes are not resource based because they do not account for the appropriate clinical staff time, supplies and equipment to furnish the services. Appropriate payment for immunization administration is critical in maintaining high immunization rates in the United States as well as having the capacity to respond quickly to vaccine preventable disease outbreaks. Finally, it should be noted that CMS has already validated the RUC-recommended values for CPT code 90460. CMS used the RUC-recommended values for CPT code 90460 to value the fast-tracked H1N1 immunization administration code (90470) for 2010—as both codes were reviewed during the same RUC meeting (October 2009). **Accordingly, CMS should use the RUC recommended resource-based direct practice inputs to develop the PE RVU for CPT codes 90460, 90461, 90471, 90472, 90473 and 90474. The RUC recommendations for all six CPT codes are attached to this letter.** *(See attachments 03a and 03b).*

Utilization Assumption Corrections

Dilation of Urinary Tract (CPT codes 50436, 50437)
In January 2015, the RUC referred CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family of other genitourinary catheter procedures that were being reviewed at the time, to the CPT Editorial Panel to clear up confusion with overlap in physician work with 50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*. In September 2017, the CPT Editorial Panel deleted CPT code 50395 nephrostomy tract code and created two new codes (50436 and 50437) to report (1) dilation of an existing tract, and (2) establishment of new percutaneous access to the collecting system for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy), all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging was also bundled into the new codes included in those codes. In February 2018, the RUC submitted recommendations for CPT Codes 50436 and 50437 along with codes 50432, 50433 and 74485. In the CY2019 MPFS Final Rule, CMS rejected the RUC recommendations for 50436 and 50437 and instead opted to assign both services much lower work values:

Code	Long Descriptor	February 2018 RUC Recommended Work RVU	CY2019 CMS Finalized Work RVU
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;	3.37	2.78
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system	5.44	4.85

In November 2018, AMA RUC staff discovered that CMS erroneously double-counted the utilization for new codes that had image guidance bundled, in both this Dilation of Urinary Tract code family and in the Fine Needle Aspiration code family causing the Agency to incorrectly believe that the RUC was recommending large increases in physician work for both families of services, when in fact the RUC was recommending a work savings for each family. This is made clear by reviewing the large year over year volume increases for all of the new codes in the "CY 2017 Utilization Data Crosswalk to CY 2019" CMS CY2019 Final Rule spreadsheet, where the Agency had 5,528 utilization for new code 50436 and 913 utilization for new code 50437. Whereas, these services were collectively replacing deleted code 50395, which only had a utilization of 3,022. CMS had accidentally also included roughly 2,500 utilization from the bundled imaging code, 74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation*, resulting in a double counting of the procedure. This error made it appear like the RUC was recommending a work RVU pool that was roughly twice as high as was the case.

The RUC recommendations for codes 50436 and 50437 are more appropriate than the current CMS values as the current CMS values create rank order anomalies. The RUC recommendations are strongly supported by the RUC recommendations for CY2019, which the RUC is resubmitting to the Agency along with the multispecialty letter concerning this issue submitted to CMS in January 2019 *(attachments 04a and 04b)*. **The RUC recommends for CMS to reconsider their CY2019 Medicare Physician Fee Schedule Final Rule decision for code 50436 and 50437 considering this new information.**

Enclosed Recommendations and Supporting Materials:

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

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 2,545 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2020 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

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

- Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2021 conversion factor increase.

- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 676 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

- RUC Recommendations on Modifications to Visits in the Global Period – February 2020.

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

Sincerely,



Peter K. Smith, MD

Enclosures

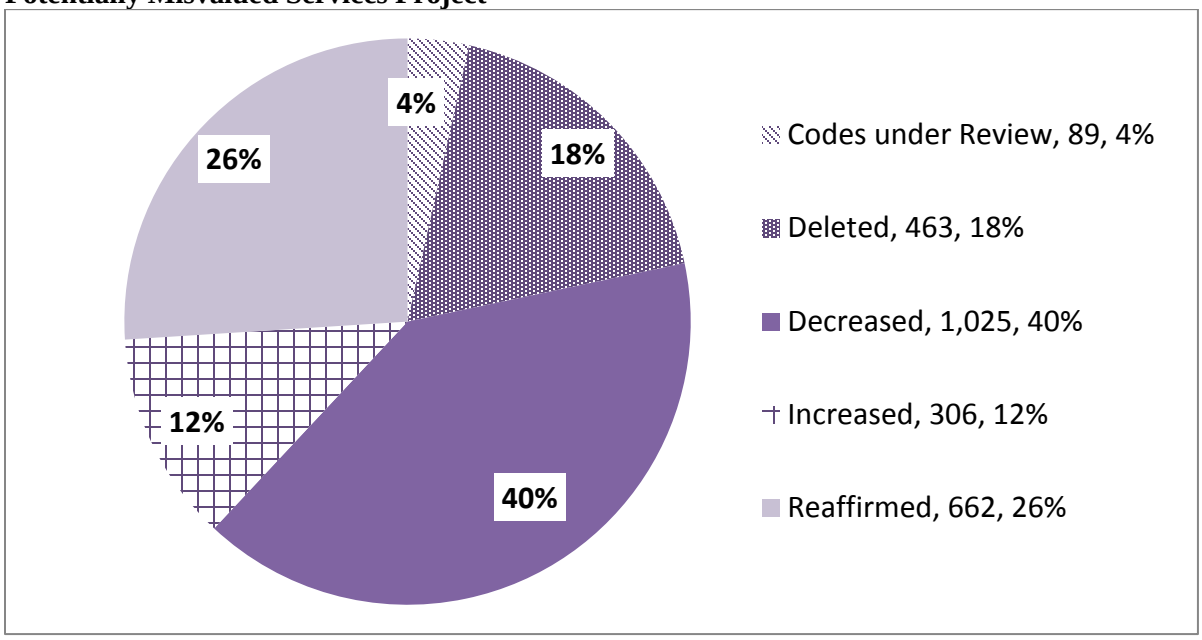
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The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified more than 2,500 services through 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 2,545 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,488 services, redistributing $5 billion annually. Here are the outcomes for the committee's review of 2,545 codes:

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 676 services. In September 2010, the re-review cycle began and since then the RUC has recommended 48 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 214 services every October after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

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

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

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 10 services to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision and submitted seven recommendations for the 2021 Medicare Physician Payment Schedule.

High Volume Growth

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

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

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

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review three services after an additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 15 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 46 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted three services. The RUC submitted recommendations for 38 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC referred one service to CPT for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified. The RUC recommended removing two services from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted one code. The RUC referred one code to the CPT Editorial Panel for revision and submitted recommendations for seven services for the 2020-2021 Medicare Physician Payment Schedule.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred four codes to the CPT Editorial Panel for revision and will review one code after additional utilization data is available. The RUC submitted recommendations for one service for the 2021 Medicare Physician Payment Schedule and will review the remaining three service for the 2022 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

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

High IWPUT

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

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

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

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

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified, and the RUC referred them to the CPT Editorial Panel for revision and the CPT Assistant for education.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

In October 2015, the RUC reran this screen on Harvard valued services with 2014e Medicare utilization over 30,000. Seven services were identified and expanded to nine codes to include the family of services. The CPT Editorial Panel deleted two codes. The RUC submitted recommendations for 7 services for the 2018-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen on Harvard valued services with 2017e Medicare utilization over 30,000. One service was identified. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified. The RUC referred two services to the CPT Editorial Panel for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

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

CMS/Other

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

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

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

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

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The RUC referred one code to the CPT Editorial Panel for revision and the CPT Editorial Panel deleted another code. The RUC submitted recommendations for 13 services for the 2020-21 Medicare Physician Payment Schedules.

Utilization over 20,000
In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 10 to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision. CPT deleted two codes. The RUC removed one service from this screen and will review one service after additional utilization data is available. The RUC submitted recommendations for three services for the 2021 Medicare Physician Payment Schedule.

Bundled CPT® Services

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

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

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 153 total codes under review, the CPT® Editorial Panel deleted 50 services. The RUC has submitted 103 code recommendations for the 2014-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

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

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either

below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

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

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

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

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

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

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

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

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 30 codes. The RUC submitted 208 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

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

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000. The RUC submitted three recommendations for the 2021 Medicare Physician Payment Schedule and will submit the remaining two for the 2022 Medicare Physician Payment Schedule.

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

In October 2019, the identified three 090-day global period services more than six office visits based on 2018e Medicare utilization over 1,000. The RUC submitted recommendations for these three services for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

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

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

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

Contractor Priced with High Volume
In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The RUC expanded the services identified in this screen to seven to include additional codes as part of a family. The RUC referred two codes to the CPT Editorial Panel for deletion. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC will review the remaining service after two years of additional data is available.

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

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

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

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

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel

deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

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

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

Final Rule for 2019
In the Final Rule for 2019 the public and CMS nominated nine services as potentially misvalued, which was expanded to 12 services as part of the family. The CPT Editorial Panel deleted two services. The RUC will submit 10 recommendations for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Work Neutrality
For every CPT code recommendation and family, the RUC submits utilization assumptions based on the specialty societies estimate for the next year of Medicare utilization. Starting with CPT 2009, the Relativity Assessment Workgroup began assessing all services for work neutrality. In 2012, the RUC confirmed that the RUC and specialty societies work neutrality calculation expectation is a zero change target. However, if actual work RVUs turn out to be 10% or greater than the former work RVUs for the family, the family should undergo review by the Relativity Assessment Workgroup. Three code families have been identified for re-examination, one from CPT 2009, CPT 2011 and CPT 2012. Two families were determined to have correct utilization assumptions after re-evaluating the coding structure and initial assumptions. The CPT 2012 family went through revisions at the CPT Editorial Panel as well as extensive educational efforts were engaged. However, after continued examination this family will be resurveyed for the 2022 Medicare Physician Payment Schedule.

Three additional code families were identified for re-examination from CPT 2018. One family appears to possibly be due to miscoding. All three families will be re-examined after additional utilization data are available.

Other Issues
In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code. CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT® Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,545**
Codes Completed	**2,456**
Work and PE Maintained	662
Work Increased	306
Work Decreased	844
Direct Practice Expense Revised (beyond work changes)	181
Deleted from CPT®	463
Codes Under Review	**89**
Referred to CPT® Editorial Panel or CPT Assistant	54
RUC to Review for *CPT 2022*	16
RUC to review future review after additional data obtained	19

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

The RUC's efforts for 2009-2020 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

All 2018 Medicare Claims from:

Texas – locality 18
Place of Service – Independent Clinic (Medicare Place of Service Code 49)
Specialty – Pediatrics (Medicare Specialty Code 37)

CPT Code	Short Descriptor	Medicare Place of Service Code	Medicare Specialty Code	State	Medicare Locality	2018 Medicare Utilization	2018 Medicare Payment
99489	CMPLX CHRON CARE ADDL 30 MI	49 – Independent Clinic	37 - Pediatrics	TX	18	68,487	$ 2,489,005
99492	1ST PSYC COLLAB CARE MGMT	49 – Independent Clinic	37 - Pediatrics	TX	18	6,650	$ 825,887
99494	1ST/SBSQ PSYC COLLAB CARE	49 – Independent Clinic	37 - Pediatrics	TX	18	13,518	$ 693,773
99487	CMPLX CHRON CARE W/O PT VSI	49 – Independent Clinic	37 - Pediatrics	TX	18	6,992	$ 509,680
99493	SBSQ PSYC COLLAB CARE MGMT	49 – Independent Clinic	37 - Pediatrics	TX	18	43	$ 4,270
99203	OFFICE/OUTPATIENT VISIT NEW	49 – Independent Clinic	37 - Pediatrics	TX	18	32	$ 2,218
99358	PROLONG SERVICE W/O CONTACT	49 – Independent Clinic	37 - Pediatrics	TX	18	8	$ 614
99359	PROLONG SERV W/O CONTACT AD	49 – Independent Clinic	37 - Pediatrics	TX	18	14	$ 591
99484	CARE MGMT SVC BHVL HLTH CON	49 – Independent Clinic	37 - Pediatrics	TX	18	2	$ 75
99091	COLLJ & INTERPJ DATA EA 30	49 – Independent Clinic	37 - Pediatrics	TX	18	1	$ 45
99484	CARE MGMT SVC BHVL HLTH CON	49 – Independent Clinic	37 - Pediatrics	TX	18	1	$ 37
99205	OFFICE/OUTPATIENT VISIT NEW	49 – Independent Clinic	37 - Pediatrics	TX	18	1	$ 15
						Total 2018 Medicare Payment:	**$ 4,526,210**

AMA/Specialty Society RVS Update Committee
Summary of Recommendations

October 2009

Immunization Administration

The CPT Editorial Panel revised the reporting of immunization administration in the pediatric population in order to better align the service with the evolving best practice model of delivering combination vaccines. This revision in the reporting of immunization administration will then permit a more accurate reflection of the physician work involved, reducing barriers to the spread of technology and allowing positive change in the practice of medicine. The CPT nomenclature needs to be kept up-to-date with the reporting of services associated with vaccine delivery, which has changed due to the licensure of additional combination vaccines as well as those with more components. The two new immunization administration codes will more accurately reflect the service as currently delivered.

The specialty society presented compelling evidence that the physician time has changed in performing these services by providing rationale for an increasing frequency of counseling necessary to convince parents to 1) immunize their children at all; and 2) to persuade them of the safety and efficacy of component vaccines. Increased attention to vaccine safety on the Internet and in other media has driven anxiety and have necessitated additional physician involvement and discussion with parents. The RUC agreed that this increased physician work should be recognized.

The specialty society presented that the typical patient receives two vaccinations in one visit. However, based upon the age of the patient and specific vaccines available, some visits require only 90460, some visits require one or more units of 90460 and one or more units of 90461. It was noted that higher multiples of reporting of these codes would occur at infrequent visits (primarily 2 month, 6 months, and 4 years of age) and any payor concern regarding coding and valuation with these outlier visits may be addressed with a limit on the number of 90461 units allowed.

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90460 Immunization Administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care profession; first vaccine/toxoid component

The RUC recommends that the survey intra-service time of 7 minutes should be reflected as the total time. Pre-service time, as described in the original SOR, is described in the preventive medicine services and the post-service descriptions reflect activities performed by clinical staff. The RUC agreed that the valuation for this service falls between the range of a 99211 (Work RVU=0.17) and the survey median of 0.25, and determined that considering that more than one unit is often coded, a value of 0.20 would be appropriate. 99401 *Preventive Counseling, 15 minutes* (work RVU = 0.48) is a reasonable comparison. Using the ratio of time of 7 minutes/15 minutes, a value of 0.20 is reasonable. In addition, the committee considered that they typical patient may receive two units of this service 0.40 total with 14 minutes of counseling, which is comparable to a 99212 (work RVU = 0.48 and 16 minutes of total time). **The RUC recommends a work value of 0.20 and physician intra-service time of 7 minutes for 90460.**

90461 – Immunization Administration through 18 years of age via any route of administration, with counseling by physician or other qualified health profession; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)

The RUC understands that additional counseling is required to describe the additional vaccines and to address concern related to media reports of component vaccines. The survey indicated that this additional counseling requires 5 minutes of physician time. The RUC determined that the survey's 25th percentile work RVU of 0.16 is appropriate and reflects a proper rank order relationship with 99401 *Preventive Counseling* as described above and also in relationship to other counseling services, such as 99407 *Smoking Cessation (5/15 or 1/3 of 0.50).* **The RUC recommends a work value of 0.16 and a physician intra-service time of 5 minutes for 90461.**

Practice Expense – The RUC recommends the direct expense inputs of18 minutes clinical staff time, supplies and equipment for 90460 and no direct inputs for 90461 The individual inputs are described in the attached handout.

PLI Crosswalk – The new codes could be crosswalked to the existing immunization and administration codes, 90471 and 90472.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Codes 90465-490460 and 90461 must be reported in addition to the vaccine and toxoid code(s) 90476-90749. Report codes 90460 and 90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient and family during the administration of a vaccine. For immunization administration of any vaccine that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family or for administration of vaccines to patients over 18 years of age, report codes 90471-90474. If a significant separately identifiable Evaluation and Management service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes. A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (see codes 90460 and 90461). Combination vaccines are those vaccines that contain multiple vaccine components. (For allergy testing, see 95004 et seq) (For skin testing of bacterial, viral, fungal extracts, see 86485-86580) (90465-90468 have been deleted. To report, see 90460, 90461)				
D 90465		~~Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day~~ ~~(Do not report 90465 in conjunction with 90467)~~	XXX	N/A
D +90466		~~Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day~~	ZZZ	N/A

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		~~(List separately in addition to code for primary procedure)~~ ~~(Use 90466 in conjunction with 90456 or 90467)~~		
D 90467		~~Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day~~ ~~(Do not report 90467 in conjunction with 90465)~~	XXX	N/A
D +90468		~~Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for~~ ~~(Use 90468 in conjunction with 90465 or 90467)~~	ZZZ	N/A
● 90460	E1	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	XXX	0.20
● 90461	E2	each additional vaccine/toxoid component (List separately in addition to code for primary procedure) (Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine) (For therapeutic or diagnostic injections, see 96372-96379) (90465-90468 have been deleted. To report, see 90460, 90461)	ZZZ	0.16

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90460 Tracking Number E1 Specialty Society Recommended RVU: **0.25**
Global Period: XXX RUC Recommended RVU: **0.20**

CPT Descriptor: Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 15-year-old patient receives the Human Papilloma virus (HPV) vaccine from her physician. The ordering physician discusses the risks of the vaccine and the disease for which it provides protection. The parent/guardian is given the CDC vaccine information statement (VIS). The parent/guardian consents and the nurse prepares the vaccine. The patient receives the vaccine by a single injection, and the nurse charts the required information and accesses and enters the vaccine data into the statewide immunization registry. The patient is discharged home after the nurse confirms that there are no serious immediate reactions.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work:

Description of Intra-Service Work: The physician discusses the specific risks/benefits of the first vaccine component including the risks associated with this component and the risk of not receiving it to include both health risk from the preventable disease and the social concerns related to school mandates for vaccines. The physician then discusses the benefit of being immunized for this disease. The parent ‘s questions regarding the safety of the inactive ingredients in the vaccine such as preservatives and the likelihood of this vaccine causing injury, including brain damage, and/or the disease for which it is providing protection against are addressed. After further discussion, the parent then agrees with need for immunization. The physician then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects of the first vaccine component: soreness and pain at the injection site, fever, and other side effects. The physician reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2009				
Presenter(s):	Steve Krug, MD, FAAP and Margie Andreae, MD, FAAP				
Specialty(s):	American Academy of Pediatrics (AAP)				
CPT Code:	90460				
Sample Size:	786	**Resp N:**	87	**Response:** 11.0 %	
Sample Type:	Panel **Additional Sample Information:** Sample drawn from membership of the AAP Section on Administration & Practice Management				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	250.00	**800.00**	1350.00	5000.00
Survey RVW:	0.15	0.25	**0.25**	0.39	0.75
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**7.00**	8.00	20.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	90460	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

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New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

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KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99441	XXX	0.25	**RUC Time**

CPT Descriptor Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

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KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
94010	XXX	0.17	**RUC Time**	1,242,167

CPT Descriptor 1 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36405	XXX	0.31	**RUC Time**	14

CPT Descriptor 2 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein

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Other Reference CPT Code	Global	Work RVU	Time Source
99406	XXX	0.24	**RUC Time**

CPT Descriptor Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

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RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 39 **% of respondents:** 44.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 90460**	**Key Reference CPT Code:** 99441	**Source of Time RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	7.00	8.00	
Median Immediate Post-service Time	0.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**7.00**	**13.00**	

Other time if appropriate

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.26	2.41
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.59	2.85
Urgency of medical decision making	2.74	3.05
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.49	1.51
Physical effort required	1.31	1.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.46	2.97
Outcome depends on the skill and judgment of physician	2.64	2.95
Estimated risk of malpractice suit with poor outcome	4.31	3.03

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.44	1.31
Intra-Service intensity/complexity	3.69	3.03
Post-Service intensity/complexity	1.90	1.92

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature reviewed the 90460 survey results. Given the robustness and validity of the data, the AAP recommends the survey median work relative value units of 0.25 and the pre-, intra-, and post-service times of 3 minutes, 7 minutes, and 2 minutes, respectively.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Immunizations are typically administered during the same patient encounter as a separately reported Preventive Medicine Service

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A 15-year old patient receives the Human Papilloma virus (HPV) vaccine from her physician. The ordering physician discusses the risks of the vaccine and the disease for which it provides protection. The parent/guardian is given the CDC vaccine information sheet (VIS).The parent/guardian consents and the nurse prepares the vaccine. The patient receives the vaccine by a single injection, and the nurse charts the required information and accesses and enters the vaccine data into the statewide immunization registry. The patient is discharged home after the nurse confirms that there are no serious immediate reactions. This service is typically provided in conjunction with a separately reported Preventive Medicine Service.

	CPT Code	Descriptor	Global Period	2009 wRVUs	Pre-Time	Intra-Time	Post-Time
3.							
4.	99394	Prev med serv	XXX	1.36	5	25	5
5.	90649	HPV vaccine	N/A	N/A	N/A	N/A	N/A
6.	90460	Imm admin; first component	XXX	0.25	3	7	2

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 90465-90468

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 52232422
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. This estimate is based on a birth cohort managed by pediatricians of 2,843,045 patients and adherence to the ACIP/AAP/AAFP Recommended Immunization Schedule.

Specialty Pediatrics Frequency 52232422 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,033 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: 2007 Medicare claims data for code 90465. NOTE: This is a pediatric service not typically provided to Medicare patients.

Specialty Pediatrics Frequency 1033 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 90471 the exisitng immunization administration code

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90461 Tracking Number E2 Specialty Society Recommended RVU: **0.18**
Global Period: ZZZ RUC Recommended RVU: **0.16**

CPT Descriptor: Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A four-month-old patient receives the diphtheria, tetanus, pertussis, Hemophilus influenza type b, inactivated polio (DTaP-Hib-IPV) combination vaccine from her physician. The ordering physician discusses the risks of each additional vaccine component (eg, tetanus) and the diseases for which each additional vaccine component provides protection. The parent/guardian is given the CDC vaccine information statement (VIS) for each additional vaccine component. The parent/guardian consents for each of the additional vaccine components. The nurse charts the required information and enters data into the statewide immunization registry for each additional vaccine component.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work: .

Description of Intra-Service Work: The physician discusses the specific risks/benefits of each additional vaccine component including the risks associated with each additional component and the risk of not receiving each one to include both health risk from the preventable disease and the social concerns related to school mandates for vaccines. The physician then discusses the benefit of being immunized for each disease and the absence of evidence for risk of brain damage associated with each additional component. The parent's questions regarding the safety and efficacy of giving multiple antigens at one time versus giving the vaccine in single components are addressed. After further discussion, the parent then agrees with need for immunization against each additional disease component. The physician then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects of each vaccine component.

Description of Post-Service Work: .

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2009					
Presenter(s):	Steve Krug, MD, FAAP and Margie Andreae, MD, FAAP					
Specialty(s):	American Academy of Pediatrics (AAP)					
CPT Code:	90461					
Sample Size:	786	**Resp N:**	78	**Response:** 9.9 %		
Sample Type:	Panel **Additional Sample Information:** Sample drawn from membership of the AAP Section on Administration & Practice Management					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	312.50	**750.00**	1500.00	6000.00
Survey RVW:		0.09	0.16	**0.18**	0.25	1.77
Pre-Service Evaluation Time:				**2.50**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		0.00	2.00	**5.00**	5.00	25.00
Immediate Post Service-Time:	**2.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: ZZZ Global Code

CPT Code:	90461	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		
Immediate Post Service-Time:	**0.00**			
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**		
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**		
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**		
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0**		
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**		
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**		

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96370	ZZZ	0.18	**RUC Time**

CPT Descriptor Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
13102	ZZZ	1.24	**RUC Time**	11,931

CPT Descriptor 1 Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
13122	ZZZ	1.44	**RUC Time**	13,490

CPT Descriptor 2 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
96375	ZZZ	0.10	**RUC Time**

CPT Descriptor Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 35 **% of respondents:** 44.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 90461**	**Key Reference CPT Code:** 96370	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Total Time	**5.00**	**5.00**	

Other time if appropriate

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.03	1.94
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.49	2.71
Urgency of medical decision making	2.69	2.89
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.34	1.54
Physical effort required	1.26	1.29
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.60	2.80
Outcome depends on the skill and judgment of physician	2.77	2.91
Estimated risk of malpractice suit with poor outcome	4.49	2.83

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.20	1.37
Intra-Service intensity/complexity	3.57	2.80
Post-Service intensity/complexity	1.89	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature reviewed the 90461 survey results. Given the robustness and validity of the data, the AAP recommends the survey median work relative value units of 0.18 and the intra-service time of 5 minutes. The AAP recommends the 25th percentiles for the pre- and post-service work times of 1 minute each. Although 9046X2 is a "ZZZ" code (and "ZZZ" codes do not typically

include pre- or post-service times), the AAP recommends pre- and post-service times of 1 minute each due to the additional pre- and post-service associated with each additional (ie, unique) vaccine component administered.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Immunizations are typically administered during the same patient encounter as a separately reported Preventive Medicine Service

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. A four-month old patient receives the diphtheria, tetanus, pertussis, Hemophilus influenza type b, inactivated polio (DTaP-Hib-IPV) combination vaccine from her physician. The ordering physician discusses the risks of each additional vaccine component (eg, tetanus) and the diseases for which each additional vaccine component provides protection. The parent/guardian is given the CDC vaccine information sheet (VIS) for each additional vaccine component. The parent/guardian consents for each of the additional vaccine components. The nurse charts the required information and enters data into the statewide immunization registry for each additional vaccine component.

3.
4. This service is typically provided in conjunction with a separately reported Preventive Medicine Service.

5. CPT Code	Descriptor	Global Period	2009 wRVUs	Pre-Time	Intra-Time	Post-Time
6.						
7. 99391	Prev med serv	XXX	1.02	2	20	4
8. 90698	DTaP-Hib-IPV	N/A	N/A	N/A	N/A	N/A
9.	vaccine					
10. 90460	Imm admin; first component	XXX	0.25	3	7	2
11. 90461	Imm admin; each add'l	ZZZ	0.18	2.50	5	2
12.	component					
13. 90461	Imm admin; each add'l	ZZZ	0.18	2.50	5	2
14.	component					
15. 90461	Imm admin; each add'l	ZZZ	0.18	2.50	5	2
16.	component					
17. 90461	Imm admin; each add'l	ZZZ	0.18	2.50	5	2
18.	component					

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 90465-90468

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 49457611
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on a birth cohort managed by pediatricians of 2,843,045 patients and adherence to the ACIP/AAP/AAFP Recommended Immunization Schedule.

Specialty Pediatrics Frequency 49457611 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 38 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: 2007 Medicare claims data for code 90466. NOTE: This is a pediatric service not typically provided to Medicare patients.

Specialty Pediatrics Frequency 38 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

Does the reference CPT code selected for physician work serve as a reasonable reference for PLI crosswalk? (ie. similar work RVU, and specialty) No

If no, please select another crosswalk and provide a brief rationale. 90472 - existing immunization administration code

Indicate what risk factor the new/revised code should be assigned to determine PLI relative value. Non-Surgical

8
Tab Number

Immunization Administration
Issue

90461 - 90462
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

STEVEN E. KRUG
Printed Signature

American Academy of Pediatrics
Specialty Society

8/5/09
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor:
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature developed the direct practice expense input recommendations for code 90460 using the February 2005 and February 2008 RUC-approved recommendations for code 90465.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

There is a phone call to answer questions/concerns that arise concerning vaccine component reactions that may appear within a few days of the administration

CPT Code: 90461

AMA Specialty Society RVS Update Committee Recommendation

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
The American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature developed the direct practice expense input recommendations for code 90460 using the February 2005 and February 2008 RUC-approved recommendations for code 90465.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Clinical staff prepares patient chart with appropriate CDC vaccine information statement (VIS)

Intra-Service Clinical Labor Activities:

- **Clinical staff provides patient/parent with appropriate VIS**
- **Clinical staff follows up on physician's vaccine counseling session with patient/parent and obtains actual consent signature**
- **Clinical staff prepares vaccine, instructs the parent on proper positioning of the patient, selects and prepares the injection site, and administers the vaccine**
- **Clinical staff comforts the patient and directs the patient/parent to remain in the office after the service for about 20 minutes to watch for immediate reactions**
- **Clinical staff cleans room/equipment**
- **Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.**
- **Clinical staff enters data into the state online immunization information system (registry) and maintains the vaccine refrigerator/freezer temperature log**

Post-Service Clinical Labor Activities:

There is a phone call to answer questions/concerns that arise concerning vaccine component reactions that may appear within a few days of the administration

	A	B	C	D	E	F	G
1	**AMA Specialty Society RVS Update Committee Recommendation**			**90460**		**90461**	
2	**Meeting Date: October 2009**	**CMS**	**Staff**	**Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component**		**Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component**	
3	**LOCATION**	**Code**	**Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
4	**GLOBAL PERIOD**						
5	**TOTAL CLINICAL LABOR TIME**			**18.0**	**1.0**	**0.0**	**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**1.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**16.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**1.0**	**1.0**	**0.0**	**0.0**
9	**PRE-SERVICE**						
10	**Start: Following visit when decision for surgery or procedure made**						
11	Complete pre-service diagnostic & referral forms						
12	Coordinate pre-surgery services						
13	Schedule space and equipment in facility						
14	Provide pre-service education/obtain consent						
15	Follow-up phone calls & prescriptions						
16	**Other Clinical Activity (please specify): Clinical staff prepares patient chart with appropriate CDC vaccine information statement (VIS)**	**L037D**	**RN/LPN /MTA**	**1**			
17	**End: When patient enters office/facility for surgery/procedure**						
18	**SERVICE PERIOD**						
19	**Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure**						
20	**Clinical staff provides patient/parent with appropriate VIS**	**L037D**	**RN/LPN /MTA**	**1**			
21	Greet patient and provide gowning						
22	Obtain vital signs						
23	**Clinical staff follows up on physician's vaccine counseling session with patient/parent and obtains actual consent signature**	**L037D**	**RN/LPN /MTA**	**3**			
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	**Intra-service**						
29	**Clinical staff prepares the vaccine, instructs the parent on proper positioning of the patient, selects and prepares the injection site, and administers the vaccine**	**L037D**	**RN/LPN /MTA**	**4**			
30	**Post-Service**						
31	**Clinical staff comforts the patient and directs the patient/parent to remain in the office after the service for about 20 minutes to watch for immediate reactions**						
32	**Clinical staff cleans room/equipment**	**L037D**	**RN/LPN /MTA**	**1**			
33	Clean Scope						
34	Clean Surgical Instrument Package						
35	Complete diagnostic forms, lab & X-ray requisitions						
36	Review/read X-ray, lab, and pathology reports						
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
38	Discharge day management						
39	**Other Clinical Activity (please specify): Clinical staff enters vaccine information into the patient medical record to include the vaccine type, lot number, site, date of administration, and date of VIS as required by federal law. A final check of the patient is done to confirm that there are no serious immediate reactions and final questions are answered.**	**L037D**	**RN/LPN /MTA**	**3**			

	A	B	C	D	E	F	G
1	**AMA Specialty Society RVS Update Committee Recommendation**			**90460**		**90461**	
2	**Meeting Date: October 2009**	**CMS**	**Staff**	**Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component**		**Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component**	
3	**LOCATION**	**Code**	**Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
40	**Clinical staff enters data into the state online immunization information system (registry) and maintains the vaccine refrigerator/freezer temperature log**	**L037D**	**RN/LPN /MTA**	**4**			
41	**End: Patient leaves office**						
42	**POST-SERVICE Period**						
43	**Start: Patient leaves office/facility**						
44	**There is a phone call to answer questions/concerns that arise concerning vaccine component reactions that may appear within a few days of the administration**	**L037D**	**RN/LPN /MTA**	**1**	**1**		
45	*Office visits:*						
46	*List Number and Level of Office Visits*						
47	99211 16 minutes		16				
48	99212 27 minutes		27				
49	99213 36 minutes		36				
50	99214 53 minutes		53				
51	99215 63 minutes		63				
52	Other						
53	*Total Office Visit Time*			**0**	**0**	**0**	**0**
54	Other Activity (please specify)						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**				
57	**Gloves, non-sterile**	**SB022**	**1 pair**	**0.5**			
58							
59	**Syringe w/needle, OSHA compliant (SafetyGlide)**	**SC058**	**1 item**	**1**			
60	**Swab-pad, alcohol**	**SJ053**	**1 item**	**2**			
61	**Bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	**1 item**	**1**			
62	**CDC information sheet**	**SK012**	**1 item**	**1**			
63	**Equipment**	**CMS Code**					
64	**Table, exam**	**EF023**					
65	**Refrigerator, vaccine, commercial grade, w/alarm lock**	**Row 63 of CMS spread-sheet**		**16.0**			
66	**Refrigerator, vaccine, temperature monitor w-alarm, security mounting w/sensors, NIST certificates**	**Row 41 of CMS spread-sheet**		**16.0**			

	A	B	C	D	E	F	G	H	I	J	K
1	**Immunization Administration INCREMENTAL Additions to Existing Practice Expense**			**90465**		**90466**		**90467**		**90468**	
2	**Meeting Date: February 2008 RUC Recommendation**			**Immunization administration younger than 8 years of age when the physician counsels the patient/family; first injection**		**Immunization administration younger than 8 years of age when the physician counsels the patient/family; each additional injection**		**Immunization administration (intranasal/oral) younger than 8 years of age when the physician counsels the patient/family; first administration**		**Immunization administration (intranasal/oral) younger than 8 years of age when the physician counsels the patient/family; each additional administration**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
4	**GLOBAL PERIOD**										
5	**TOTAL CLINICAL LABOR TIME**			**4.0**	**0.0**	**1.0**	**0.0**	**4.0**	**0.0**	**1.0**	**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**4.0**	**0.0**	**1.0**	**0.0**	**4.0**	**0.0**	**1.0**	**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**PRE-SERVICE**										
10	Start: Following visit when decision for surgery or procedure made										
11	Complete pre-service diagnostic & referral forms										
12	Coordinate pre-surgery services										
13	Schedule space and equipment in facility										
14	Provide pre-service education/obtain consent										
15	Follow-up phone calls & prescriptions										
16	Other Clinical Activity (please specify):										
17	Ordering of vaccines			**0**		**0**		**0**		**0**	
18	Vaccine inventory management (including labeling/separation of VFC vaccines)			**0**		**0**		**0**		**0**	
19	End:When patient enters office/facility for surgery/procedure										
20	**SERVICE PERIOD**										
21	**Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure**										
22	Review charts										
23	Greet patient and provide gowning										
24	Obtain vital signs										
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies										
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV										
29	Sedate/apply anesthesia										
30	**Intra-service**										
31	Assist physician in performing procedure										
32	**Post-Service**										
33	Monitor pt. following service/check tubes, monitors, drains										
34	Clean room/equipment by physician staff										
35	Clean Scope										
36	Clean Surgical Instrument Package										
37	Complete diagnostic forms, lab & X-ray requisitions										
38	Review/read X-ray, lab, and pathology reports										
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
40	Discharge day management 99238 --12 minutes, 99239 --15 minutes										
41	**Other Clinical Activity: Vaccine registry input/Refrigerator/freezer temperature log monitoring/documentation [2 times per day] [Logs kept for 3 years]/Refrigerator/freezer alarm monitoring/documentation**			**4**		**1**		**4**		**1**	
42	**End: Patient leaves office**										
43	**POST-SERVICE Period**										
44	**Start: Patient leaves office/facility**										

	A	B	C	D	E	F	G	H	I	J	K
1	**Immunization Administration INCREMENTAL Additions to Existing Practice Expense**			**90465**		**90466**		**90467**		**90468**	
2	**Meeting Date: February 2008 RUC Recommendation**			**Immunization administration younger than 8 years of age when the physician counsels the patient/family; first injection**		**Immunization administration younger than 8 years of age when the physician counsels the patient/family; each additional injection**		**Immunization administration (intranasal/oral) younger than 8 years of age when the physician counsels the patient/family; first administration**		**Immunization administration (intranasal/oral) younger than 8 years of age when the physician counsels the patient/family; each additional administration**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
45	Conduct phone calls/call in prescriptions										
46	**Other Clinical Activity (please specify):**										
47	Vaccine audits			**0**		**0**		**0**		**0**	
48	*Office visits:*										
49	*List Number and Level of Office Visits*										
50	99211 16 minutes		16								
51	99212 27 minutes		27								
52	99213 36 minutes		36								
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Other										
56	*Total Office Visit Time*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
57	Other Activity (please specify)										
58	**End: with last office visit before end of global period**										
59	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**								
60											
61	**MEDICAL EQUIPMENT***	**CMS Code**	**Unit**								
62	Dedicated full size vaccine refrigerator with alarm/lock [commercial grade]			**17 minutes**		**8 minutes**		**17 minutes**		**8 minutes**	
63	Refrigerator/freezer vaccine temperature monitor/alarm			**17 minutes**		**8 minutes**		**17 minutes**		**8 minutes**	
64	Dedicated back-up generator			**0 minutes**		**0 minutes**		**0 minutes**		**0 minutes**	
65											
66	*Please see attached for medical equipment source data										

	A	B	C	L	M	N	O	P	Q	R	S
1	**Immunization Administration INCREMENTAL Additions to Existing Practice Expense**			**90471**		**90472**		**90473**		**90474**	
2	**Meeting Date: February 2008 RUC Recommendation**			**Immunization administration; one vaccine**		**Immunization administration; each additional vaccine**		**Immunization administration (intranasal/oral); one vaccine**		**Immunization administration (intranasal/oral); each additional vaccine**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
4	**GLOBAL PERIOD**										
5	**TOTAL CLINICAL LABOR TIME**			**4.0**	**0.0**	**1.0**	**0.0**	**4.0**	**0.0**	**1.0**	**0.0**
6	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**4.0**	**0.0**	**1.0**	**0.0**	**4.0**	**0.0**	**1.0**	**0.0**
8	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**PRE-SERVICE**										
10	Start: Following visit when decision for surgery or procedure made										
11	Complete pre-service diagnostic & referral forms										
12	Coordinate pre-surgery services										
13	Schedule space and equipment in facility										
14	Provide pre-service education/obtain consent										
15	Follow-up phone calls & prescriptions										
16	Other Clinical Activity (please specify):										
17	Ordering of vaccines			**0**		**0**		**0**		**0**	
18	Vaccine inventory management (including labeling/separation of VFC vaccines)			**0**		**0**		**0**		**0**	
19	End:When patient enters office/facility for surgery/procedure										
20	**SERVICE PERIOD**										
21	**Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure**										
22	Review charts										
23	Greet patient and provide gowning										
24	Obtain vital signs										
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies										
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV										
29	Sedate/apply anesthesia										
30	**Intra-service**										
31	Assist physician in performing procedure										
32	**Post-Service**										
33	Monitor pt. following service/check tubes, monitors, drains										
34	Clean room/equipment by physician staff										
35	Clean Scope										
36	Clean Surgical Instrument Package										
37	Complete diagnostic forms, lab & X-ray requisitions										
38	Review/read X-ray, lab, and pathology reports										
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
40	Discharge day management 99238 --12 minutes, 99239 --15 minutes										
41	**Other Clinical Activity: Vaccine registry input/Refrigerator/freezer temperature log monitoring/documentation [2 times per day] [Logs kept for 3 years]/Refrigerator/freezer alarm monitoring/documentation**			**4**		**1**		**4**		**1**	
42	**End: Patient leaves office**										
43	**POST-SERVICE Period**										
44	**Start: Patient leaves office/facility**										

	A	B	C	L	M	N	O	P	Q	R	S
1	**Immunization Administration INCREMENTAL Additions to Existing Practice Expense**			**90471**		**90472**		**90473**		**90474**	
2	**Meeting Date: February 2008 RUC Recommendation**			**Immunization administration; one vaccine**		**Immunization administration; each additional vaccine**		**Immunization administration (intranasal/oral); one vaccine**		**Immunization administration (intranasal/oral); each additional vaccine**	
3	**LOCATION**	**CMS Code**	**Staff Type**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**	**Non Facility**	**Facility**
45	Conduct phone calls/call in prescriptions										
46	**Other Clinical Activity (please specify):**										
47	Vaccine audits			**0**		**0**		**0**		**0**	
48	*Office visits:*										
49	*List Number and Level of Office Visits*										
50	99211 16 minutes		16								
51	99212 27 minutes		27								
52	99213 36 minutes		36								
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Other										
56	*Total Office Visit Time*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
57	Other Activity (please specify)										
58	**End: with last office visit before end of global period**										
59	**MEDICAL SUPPLIES**	**CMS Code**	**Unit**								
60											
61	**MEDICAL EQUIPMENT***	**CMS Code**	**Unit**								
62	Dedicated full size vaccine refrigerator with alarm/lock [commercial grade]			**17 minutes**		**8 minutes**		**17 minutes**		**8 minutes**	
63	Refrigerator/freezer vaccine temperature monitor/alarm			**17 minutes**		**8 minutes**		**17 minutes**		**8 minutes**	
64	Dedicated back-up generator			**0 minutes**		**0 minutes**		**0 minutes**		**0 minutes**	
65											
66	*Please see attached for medical equipment source data										

FOLLETT
Innovative solutions, inspired by ice

Symphony

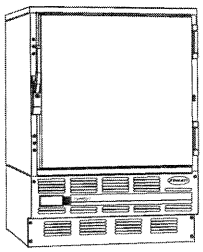
Ice and Water Dispensers and Undercounter Refrigerators and Undercounter Freezers

Effective February 1, 2007

List Price Schedule

Contact Follett or your local representative for net price quotation information.

REF series undercounter refrigerators



Medical-grade stainless steel undercounter refrigerators with external temperature display. Model REF5 fits below a standard 36" (915mm) high counter. Model REF4-ADA fits below 34" (864mm) high counter.

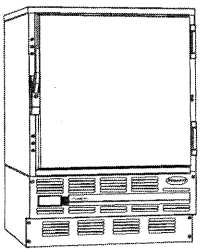
Model number	Cubic Capacity	Width in (mm)	Depth in (mm)	Height in (mm)	Ship wt lb (kg)	List price
REF5	4.8	23.75 (604)	28.5 (724)	34.00 (864)	175 (79)	$3,315
REF4-ADA	4.0	23.75 (604)	28.5 (724)	31.25 (794)	175 (79)	3,315

Note: Above models available in 115/60 electrical configuration only.

REF series undercounter refrigerator accessories

Model number	Description	Ship wt lb (kg)	List price
00112185	Temperature alarm	5 (2)	$575
00158014	Omnicell* compatible door bracket	5 (2)	65
00114702	Pyxis* compatible door bracket	5 (2)	145
00130112	REF Controller programming key, display in degrees Fahrenheit	1 (1)	20
00131722	REF Controller programming key, display in degrees Celsius	1 (1)	20
00131748	Epoxy-coated cut-away shelf	7 (4)	70

FZR series undercounter freezers



Medical-grade -20°C (-4°F) stainless steel undercounter freezers with external temperature display. Model FZR5 fits below a standard 36" (915mm) high counter. Model FZR4-ADA fits below 34" (864mm) high counter.

Model number	Cubic Capacity	Width in (mm)	Depth in (mm)	Height in (mm)	Ship wt lb (kg)	List price
FZR	4.2	23.75 (604)	28.5 (724)	34.00 (864)	175 (79)	$5,180
FZR4-ADA	3.5	23.75 (604)	28.5 (724)	31.25 (794)	175 (79)	5,180

Note: Above models available in 115/60 electrical configuration only.

FZR series undercounter freezer accessories

Model number	Description	Ship wt lb (kg)	List price
00112185	Temperature alarm	5 (2)	$575
00158014	Omnicell* compatible door bracket	5 (2)	65
00114702	Pyxis* compatible door bracket	5 (2)	145
00155630	FZR Controller programming key, display in degrees Fahrenheit	1 (1)	20
00155648	FZR Controller programming key, display in degrees Celsius	1 (1)	20
00159699	Epoxy-coated shelf	7 (4)	70

* Pyxis® is a registered trademark of Cardinal Health in the United States and other countries.
Omnicell® is a registered trademark of Omnicell, Inc. in the United States.

Summit Appliances

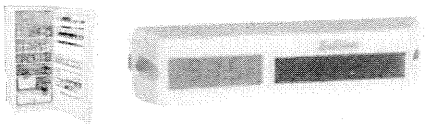
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R18FFTHLOCK



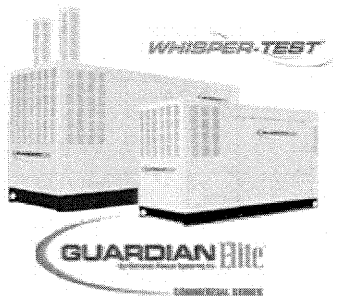
Both a thermometer and lock will be mounted to R17
For a larger image, click on the photo above

R-18FFTHLOCK is a large all-refrigerator (no freezer section) that provides plenty of capacity, lots of shelf space and is frost-free, using a dynamic system with fan forced cooling. R-18FFTHLOCK features a reversible door,a lock approved by most local health departments and a mounted external digital thermometer. Ideal for hospitals, laboratories and homes.

Capacity	17.6 c.f.
Dimensions	67 1/2" × 30" × 30 1/2" (H x W x D)
Defrost Type	Frost-Free
Body Color	White
Door Color	White
Lock Type	Side
Door Swing	Reversible
Shipping Weight	230 lbs.
UPC Code	761101011394
Features	• All refrigerator • Fully frost-free • Dynamic system with fan forced cooling • Interior light • Reversible doors • Adjustable shelves • Door storage • Vegetable crisper • U.L. approved • Energy efficient • Lock and thermometer • 100% CFC free • 115 volt • 60 cycle
Options Available	Side lock or Key Pad lock
List Price	$2260
MSRP	$1585

Summit Appliances Division, Felix Storch, Inc. • 770 Garrison Ave • Bronx, NY 10474
Phone: 718-893-3900 • Fax: 718-842-3093 • Email: info@summitappliance.com

Guardian® Elite Commercial Series 18 – 150 kW



Starting under $16,500

GUARDIAN® is now doing to the commercial market what it has already done to the residential market... making standby power reliable, yet affordable. Protect your revenue stream by investing in a GUARDIAN Elite™ Commercial Series automatic standby generator. Our GUARDIAN Elite Commercial generators are ideal for a broad range of enterprises, including restaurants, convenience stores, supermarkets, banks, fitness centers, hotels, and retail outlets.

All Elite Commercial models are available in both single and three-phase configurations. They run on either natural gas or LPV, feature automotive style, liquid-cooled engines and GUARDIAN's exclusive Whisper-Test™ feature. Our 18, 25, 35 and 45 kW premium models come standard with higher displacement, low speed engines and aluminum enclosures. Aluminum enclosures are optional on the 60 kW and larger models.

Whisper Quiet Operation

GUARDIAN's exclusive Whisper-Test low speed exercise feature makes our GUARDIAN Elite products the quietest liquid-cooled generators on the market. Whisper-Test reduces noise by 50% during the generator's weekly self-test cycle allowing for near silent operation that satisfies all known sound ordinances.

Affordable Revenue Protection

During a utility outage, a GUARDIAN Elite will protect your revenue stream and prevent expensive losses by keeping your business... in business. Not only are our products engineered for reliability and long life, our volume production and short lead times make GUARDIAN Elite products an even better value.

- **Value Models:** The most affordable protection in the industry for large homes and small to mid-sized businesses
- **Premium Models:** Larger, more powerful engines operate at 1800 RPM for ultra-quiet operation and standard aluminum enclosures provide superior corrosion protection for coastal areas and harsh environments.
- **Superior Paint:** Tough, textured powder coat paint finish for unmatched durability and all weather protection
- **UL Listed:** For safety and certified power ratings
- **Clean Burning Fuel:** Natural gas or LPV

Generator Set

18-25 kW	30-45 kW	60-80 kW	100-150 kW

Model Number	QT01816	QT02016	QT02516	QT02524
Rated Power (LP / NG)	18/18	20/20	25/24	25/24
Rated Amps @ 60 Hz				
240 V, 1Ø (LPG)	N/A	N/A	N/A	N/A
240 V, 3Ø (LPG)	54.1	60.2	75.2	75.2
208 V, 3Ø (LPG)	62.5	69.4	86.8	86.8
480 V, 3Ø (LPG)	N/A	N/A	N/A	N/A
Surge Amps				
240V, 1Ø (LPG)	N/A	N/A	N/A	N/A
208V, 3Ø (LPG)	89	97	106	106
240V, 3Ø (LPG)	N/A	84	91	91
480V, 3Ø (LPG)	N/A	N/A	N/A	N/A
Engine	1.6L/4 Cyl.	1.6L/4 Cyl.	1.6L/4 Cyl.	2.4L/4 Cyl.
Alternator RPM	1800	3600	3600	1800
Enclosure	Aluminum	Steel	Steel	Aluminum
Whisper Test	Yes	Yes	Yes	Yes
Sound Level (dBA @ exercise)	63	62	62	54
(dBA @ normal operation)	68	74	74	60
Dimensions (L" x W" x H")	62x29x34	62x29x34	62x29x34	77x34x45
Automatic Transfer Switch (not included)	RTS	RTS	RTS	RTS
Weight	845	875	875	1255
Typical Retail Price	$6,000	$5,500	$7,500	$10,000
Full Spec Sheet	Spec Sheet	Spec Sheet	Spec Sheet	Spec Sheet

Controls and Transfer Switch

R-Series Digital Controller	H-100 Digital Controller	Transfer Switch

7 LED Indicator Lights	Standard
High Temperature Shutdown	Standard
Low Coolant Level Shutdown	Standard
Automatic Voltage Regulator with Over-voltage Protection	Standard
• Voltage Regulation (at steady state from no load to 100% load	± 1.0 %
• Frequency Regulation (at steady state from no load to 100% load)	± 0.5%
Engine Start Sequence	Cyclic Cranking: Initially 15 sec. on, then 7 sec. rest, 7 sec. on. 90 sec. maximum duration
Safety Fuse	Standard
Starter Lockout	Starter cannot re-engage until 5 sec. after engine has stopped
2 Amp Battery Charger	Standard
Engine Warm-up	10-15 seconds
Engine Cool-down	1 minute
Mode Switch	
• Auto Position	Utility Failure / 7 day exerciser
• Off Position	Stops unit. Power is removed. Control and charger still operate.
• Manual/Test Position	Start with starter control, unit stays on. If utility fails, transfer to load takes place
Automatic Weekly Exerciser with Selectable Low Speed Exercise	Standard

Temperature Guard

Toll Free US Sales 1-888-248-7103

Temperature Guard products alert key personnel to problems before damage can occur.

Common Configurations of Healthcare Solutions:

In the Healthcare market, our Temperature Guard devices are used to protect and monitor everything from pharmaceutical goods such as vaccines, immunizations, and medications to blood and tissue storage.

Below are example quotes for common configurations of our Temperature Guard systems based on goals and the quantity and type of cold storage equipment devices that require monitoring.

Please call our sales team for a customized quote for your application.

Goals for Your Organization	Equipment to Monitor	Example
• Protect immunization inventory by monitoring the temperature and doors of the vaccine storage refrigerators 24 hours a day, 365 days a year and receiving **alarm telephone calls** in the event of a problem • Fix problems before any damage is done by effectively alerting onsite staff to refrigerator temperature or refrigerator door problems with **local alarming**	2 Full Size Refrigerators (fridge and freezer)	PDF
• Protect immunization inventory by monitoring the temperature and doors of the vaccine storage refrigerators 24 hours a day, 365 days a year and receiving **alarm telephone calls** in the event of a problem • Fix problems before any damage is done by effectively alerting onsite staff to refrigerator temperature or refrigerator door problems with **local alarming** • Automatically **record temperature logs on a computer** and allow remote viewing of current temperature readings • Further protect vaccines with **email alarming**	2 Full Size Refrigerators (fridge and freezer)	PDF
• Protect immunization inventory by monitoring the temperature and doors of the vaccine storage refrigerators 24 hours a day, 365 days a year and receiving **alarm emails** in the event of a problem • Fix problems before any damage is done by effectively alerting onsite staff to refrigerator temperature or refrigerator door problems with **local alarming** • Automatically **record temperature logs on a computer** and allow remote viewing of current temperature readings • Automatically **retain temperature logs** with time and date and allow remote download of logs	1 Full Size Refrigerator (fridge and freezer)	PDF

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Temperature Guard
Microtechnologies, Inc.
Berlin, Connecticut
1-888-248-7103 (voice)
860-356-4823 (fax)

Quotation

Quote Number: Q1880

by Microtechnologies, Inc.
44 Washington Avenue, Suite 8
Berlin, CT 06037
1-888-248-7103 (Inside USA)
(860) 829-2710 (Outside USA)
(860) 356-4823 (Fax)
www.TemperatureGuard.com
sales@TemperatureGuard.com

$857.10 [from below]
+ 59.00 (2) spools wire [2x $29.50]
+ 179.95 (1) security mounting
+ 25.00 (1) NIST certificate for VM500
+ 100.00 (4) NIST certificate for temp sensors [4x $25.00]
= $1,221.05

Requested By:
Springfield County Health Department
John Smith
123 Main Street
Berlin CT 06037

Phone
Fax
Email

Date: 5/31/2007 *Quote valid for thirty days.* Customer Reference Number:

ITEMS

Qty	Part No.	Description	Price Each	Line Total
1	VM500-5-DCP-E	Refrigerator/Freezer Guard with Ethernet Data Collection Package	$645.00	$645.00
4	ACI/1K-2W-BP-V	(-55°F to 96°F) Temperature Sensor Probe in Vial	$29.95	$119.80
4	DR-1035W	Adhesive-Backed Plastic Door Sensor	$19.95	$79.80
1	SOFT-DC	Data Capture Software (Free Download)	$0.00	$0.00
	Est. Shipping Weight: 3.50 lbs.	**Shipping Method:** UPS Ground	$12.50	**857.10**

Terms: PO or Major Credit Card

ADDITIONAL COMMENTS

This quote is a complete system that allows the Springfield County Health Department to monitor, alarm, and log the temperature inside both compartments (refrigerator and freezer) of two full size refrigerators.

The temperature sensors will go inside the refrigerator and freezer compartments and relate the temperature to the VM500-5-DCP-E.

The door sensors will go on the doors of the refriegator and freezer compartments and relate their open/closed state to the VM500-5-DCP-E.

The Data Capture software will run on a computer that is on the network and collect the temperature readings and door status from the VM500-5-DCP-E.

These readings are archived on the computer and reports and graphs can be run at any time for any specified date range.

If the temperature of any of the compartments goes out of range for too long or the doors are left open for too long, the VM500-5-DCP-E will call up to four (4) telephone numbers with a detailed alarm message.
The VM500-5-DCP-E will also alarm locally with its alarm buzzer and show the current status on its screen.
The Data Capture software will send alarm email messages out to a list of recipients.

Temperature Guard

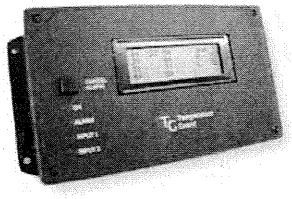
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Temperature Guard products alert key personnel to problems before damage can occur.

Our Solutions
- Residential
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- IT Systems
- Industrial/Chemical
- Laboratory
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Refrigerator/Freezer Guard VM500-5



Key Points
- Easy to use refrigerator alarm and freezer alarm system
- Monitor the temperature of up to eight refrigerators, freezers, or coolers
- Receive telephone alert calls
- Programmable time delay for each sensor to minimize "nuisance calls"
- Refrigerator Door Alarms
- Ethernet Data Logging Package Available

Base Model Only $445.00

Ordering Information

With the feature rich VM500-5, you can quickly and easily set up a temperature monitor and alarm system.

You need a temperature alarm and monitor for your refrigerators, freezers, or coolers and be immediately notified any time, day or night, if any fail.

The Refrigerator/Freezer Guard sounds an audible alarm and alerts one or more designated person(s) at a specified phone or pager number. It will call up to four phone numbers or pagers to notify key personnel of a problem. Call anytime and hear the temperature of any refrigerator/freezer.

With the advanced VM500-5-DCP-E model, in addition to the above features, you can set up a distributed data logging and monitoring and alarming system.

By adding the Ethernet Data Collection Package to your VM500-05 you have a digital data logger and remote temperature alarm system.

Our free Data Capture software runs 24/7/365 automatically collecting temperature readings and creating temperature logs from your device(s) down the hall or around the world.

If there is a problem with a freezer, alarm emails can be sent detailing the problem.

With a couple of clicks, the data can be graphed and printed or exported to an Excel spread sheet.

Download and try the Data Capture Program for FREE!

Popular Applications for the Refrigerator/Freezer Guard

- Vaccine Temperature Monitoring and Alarming
- Medication Temperature Monitoring and Alarming
- Walk In Cooler Temperature Monitoring and Alarming
- Cold Chain Monitoring and Alarming
- -80°C Freezer Monitoring and Alarming
- Laboratory Equipment Monitoring and Alarming
- Hundreds of other applications are possible with the versatile Refrigerator/Freezer Guard

Key Features

- Continuous Temperature Monitoring and Alarming
- Easy to use remote monitor and temperature alarm system.
- Programmable high and low temperature alarm limits for each refrigerator/freezer/cooler.
- Programmable alarm time delay for each refrigerator/freezer/cooler.
- Recordable identification message for each refrigerator/freezer/cooler unit.
- Field correctable temperature readings.
- Record a message to indicate the location of the Refrigerator/Freezer Guard.
- LCD displays real time data.
- Uses existing phone line, no need for a second phone line.
- Ethernet Data Collection Package Available. Includes free software and Ethernet cable.
- NIST traceable certificates available for VM500-5, VM500-5-DCP-E unit as well as all temperature sensors.

Maximum Fridges, Freezers, or Coolers	Battery Backup	Power Alarm	Door Alarm	Telephone/Pager Alert Calls
8	Yes (Rechargeable)	Yes	Yes	Yes

Ordering Information

Call toll free 1-888-248-7103 or order online
View example quotes with pricing information for common Temperature Guard systems.

Description	Model Number	Price	
Refrigerator/Freezer Guard	VM500-5	$445.00	Click to Order
Refrigerator/Freezer Guard with the Ethernet Data Collection Package	VM500-5-DCP-E	$645.00	Click to Order

included

Temperature Sensors (details)

included

(-55°F to 96°F) Temperature Sensor in Vial	ACI/1K-2W-BP-V	$29.95
(-55°F to 96°F) Temperature Sensor Probe Only	ACI/1K-2W-BP	$22.50
(-148°F to 96°F) Temperature Sensor in Vial	ACI/1K-2W-LTS-V	$97.40
(-148°F to 96°F) Temperature Sensor Probe Only	ACI/1K-2W-LTS	$89.95
(-55°F to 96°F) Stainless Plate Temperature Sensor	ACI/1K-2W-SP	$27.50

Door Sensors (details)

included

Door Sensor (Plastic, Adhesive Backed)	DR-1035W	$19.95

Sensor Extension Wire

(2)

Standard Accuracy 250ft spool	WIR-I-22-250	29.50

Battery Backup Options (four hour battery is standard)

20 Hour battery backup	B20	$47.50
30 Hour battery backup	B30	$66.50

Options

(1)

Unit mounted in enclosure with smoked cover	CAB PC 303018T	$179.95
International Power Supply	PS-MULTIPLUG	$28.00

(1)

NIST traceable certificate for VM500 unit	add -NIST to part #	$25.00

(4)

NIST traceable certificate for temperature senor	add -NIST to part #	$25.00

To order a Refrigerator/Freezer Guard with Ethernet Data Collection Package and NIST traceable certificate, specify the part number VM500-5-DCP-E-NIST.
To order a -148°F Temperature Sensor in Vial with NIST traceable certificate, specify part number ACI/1K-2W-LTS-V-NIST.

Specifications

- Maximum Temperature Sensor Range: -148°F to 96°F, -100°C to 35°C
- Measurement resolution 1°
- Sensor Type: 1000 Ohm Platinum (.00385 TCR)
- 0.5a 125vac alarm relay output
- Internal alarm buzzer: (85dB)
- Program four twenty-digit alarm telephone callout phone numbers
- Rechargeable four hour battery backup included
- Plug-in wall transformer, splitter and telephone extension cable included
- FCC Approved and Registered
- Operating Temperature Range 32°F to 125°F
- Enclosure Dimensions: 8.790" x 4.620" x 2.255"

Learn about the Refrigerator/Freezer Guard

Learn how to Use the Refrigerator/Freezer Guard as a Vaccine Monitoring System
Learn how to Integrate the VM500-5-DCP-E into an existing monitoring system

Related Documentation

Part Number	Product	Specification Sheet	Manual	Application Note
VM500-5	Refrigerator/Freezer Guard	PDF	PDF	PDF
DCP-E	Ethernet Data Collection Package	PDF	PDF	PDF
Data Capture	Data Capture Software		PDF	

included

Refrigerator/Freezer Guard Frequently Asked Questions

- What is the minimum I need to buy to build a monitoring system?
- How does the Refrigerator/Freezer Guard work?
- Can the Refrigerator/Freezer Guard share a line with a fax machine?
- more...

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Temperature Guard
Microtechnologies, Inc.
Berlin, Connecticut

Direct Practice Expense Inputs Recommendation
Immunization Administration
February 2008

The Immunization Administration services (90465-90474) were requested by CMS to be reviewed because the American Academy of Pediatrics provided evidence that suggested that additional practice expense items associated with these services, that have traditionally been assigned to the indirect costs, are now needed to be categorized as direct practice expense items. These items include dedicated refrigeration equipment and vaccine registry data entry and other required documentation.

The RUC considered the request from the American Academy of Pediatrics to move specific items currently considered in CMS' PE methodology as indirect practice expenses to direct practice expenses. This movement of indirect expenses to direct expenses has never been recommended by the RUC in the past and members believed this would set a precedent for the future if recommended. The issue involves only the pediatrics vaccine codes (90465-8, 90471-4). The practice expense changes, the specialty explained, are due to new regulations that require specific additional equipment such as: a dedicated full size vaccine refrigerator, a dedicated under counter freezer, temperature control devices and alarms, as well as a dedicated back-up generator. The specialty also explained additional clinical labor time was necessary for ordering and managing the inventory logs of the vaccines, vaccine registry input and audits.

Recommended Additional Clinical Labor to Existing Practice Expense Inputs
The RUC revised the original specialty recommendation of clinical staff time allowing registry data entry. The RUC recognized that these additional expenses are necessary and are being incurred, but not currently accounted for in the direct practice expense inputs. Members agreed with some of the additional clinical labor requested and referenced the regulatory clinical labor time allotted for MQSA by this committee in August 2003 for screening mammography code 77057, 4 minutes for the initial first injection code and 1 minute for any additional injection. **The RUC recommends 4 minutes of additional clinical labor time for the first immunization injection (codes 90471, 90473, 90465, and 90467), and 1 minute for each additional injection (90472, 90474, 90466, and 90468)**

Recommended Additional Equipment to Existing Practice Expense Inputs
The RUC agreed to the specialty requested refrigerators and freezer and not the backup generator. These costs were explained not to be indirect but specific to these vaccine procedures. The RUC and the CMS representative considered how to allocate the refrigerator/freezer expense per vaccine administrative service. It considered the minutes of refrigerator/freezer expense per vaccine and recommends the total vaccine clinical staff time as the time of refrigerator/freezer use, rather than just the intra-service clinical staff time used in CMS' PE methodology. Only one control device is used and recommended per vaccine. **These additions to the direct practice expense inputs for these immunization administration codes are attached and are recommended by the RUC.**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2018

Dilation of Urinary Tract

In October 2014, the CPT Editorial Panel deleted six codes and created 12 codes to describe genitourinary catheter procedures and bundle inherent imaging services. These codes were most recently reviewed by the RUC in January 2015. In January 2015, the specialty societies indicated that CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*. The RUC recommended CPT code 50395 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel deleted CPT code 50395 nephrostomy tract code and created two new codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy), all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is also now included in those codes.

Compelling Evidence
The specialty societies presented compelling evidence for CPT code 74485. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. In addition, the patient population for the use of this code has changed. In the past this code was mainly used by interventional radiologists for the dilation of a nephrostomy tract prior to nephrolithotomy. Dilation of nephrostomy tract is now part of CPT code 50436. Dilation of the lower urinary tract (urethra or lower ureter) is now the primary use of CPT code 74485 representing a substantial change in patient population. The RUC approved compelling evidence based on change in patient population and a flawed previous methodology.

50436 ***Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;***
The RUC reviewed the survey results from 73 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 1 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 30 minutes for intra-service time and 15 minutes for immediate post-time. Image guidance previously separately reported with CPT code 74485 has been bundled into this new service.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 4.00. The RUC noted that the current value of 3.37 for deleted code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which is being bundled with 74485 to create this new CPT code, would be appropriate. To justify a work RVU of 3.37, the RUC compared the survey code to MPC code 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU= 3.20, intra-service time of 21 minutes, total time of 58 minutes), and noted that the survey code involves more intra-service and total time, though with somewhat less work intensity per minute, it is appropriate for the survey code to only be valued somewhat higher. The RUC also compared the survey code to reference code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, whereas the reference code involves somewhat more total time. **The RUC recommends a work RVU of 3.37 for CPT code 50436.**

50437 ***Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system***

The RUC reviewed the survey results from 68 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 1 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time and 15 minutes for immediate post-time. The specialties recommended and the RUC agreed that the survey 75th percentile intra-service time better represents the additional time needed to introduce the guidewire into the renal pelvis and/or ureter, above and beyond the work involved in perform 50436. Image guidance previously separately reported with CPT code 74485 has been bundled into this new service.

The RUC reviewed the survey 25th percentile work RVU of 5.44 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 5.44, the RUC compared the survey code to MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44, intra-service time of 45 minutes, total time of 94 minutes) and noted that the survey code involves more intra-service and total time, though is a somewhat less intense service. To further support a value of 5.44, the RUC compared the survey code to 2nd key reference code 50694 *Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter* (work RVU= 5.25, intra-service time of 62 minutes, total time of 111 minutes) and noted that although the reference code involves somewhat more total time, both services have very similar intra-service times and 87 percent of the survey respondents that selected this reference code indicated that the survey code was more a more intense service. **The RUC recommends a work RVU of 5.44 for CPT code 50437.**

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52334 ***Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde***
The RUC reviewed the survey results from 46 interventional radiologists and urologists and agreed on the following physician time components: 18 minutes for pre-service evaluation time, 6 minutes for pre-service positioning time, 6 minutes for pre-service scrub/dress/wait, 30 minutes for intra-service time and 15 minutes for immediate post-time. The specialties noted and the RUC agreed that the 6 minutes of positioning time was appropriate as this service is performed with the patient in the dorsal lithotomy position, which is the standard RUC pre-service time package addition for urologic procedures.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 4.21. To find an appropriate work RVU crosswalk, the RUC compared the survey code to deleted family code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous* (work RVU = 3.37, intra-service time of 30 minutes), and noted that both services involve an identical amount of intra-service time and the same amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk of CPT code 52234 to CPT code 50395. To further justify a work RVU of 3.37, the RUC compared the survey code to reference code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, whereas the reference code involves slightly more total time. **The RUC recommends a work RVU of 3.37 for CPT code 52334.**

74485 ***Dilation of ureter(s) or urethra, radiological supervision and interpretation***
The RUC reviewed the survey results from 44 interventional radiologists, radiologists and urologists and agreed on the following physician time components: 3 minutes for pre-service time, 20 minutes for intra-service time and 5 minutes for immediate post-time. The RUC agreed that the previous times were erroneous as the prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other.

The RUC reviewed the survey median work RVU of 0.83 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.83, the RUC compared the survey code to MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU= 0.85, intra-service time of 15 minutes) and noted that the survey code involves more intra-service time and a similar amount of physician work. **The RUC recommends a work RVU of 0.83 for CPT code 74485.**

Affirmation of Current Values
The RUC affirmed the current values for CPT codes 50432 and 50433. These codes had been recently reviewed by the RUC in January 2015. The relativity within the family remains correct.

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Practice Expense
The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code family will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Urinary System **Kidney** **Incision**				
50080		*Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm*		
50081		*over 2 cm*		
		(For establishment of nephrostomy without nephrostolithotomy, see 50040, ~~50395,~~ 50432, 50433, 52334)		
		(For fluoroscopic guidance, see 76000~~, 76001~~)		
		(Do not report 50080, 50081 in conjunction with 50436, 50437 when performed by the same provider)		
Introduction **Renal Pelvis Catheter Procedures** *Internally Dwelling*				
50384		*Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation*		
		(For bilateral procedure, use modifier 50)		
		(Do not report 50382, 50384 in conjunction with ~~50395~~ 50436, 50437)		

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(For removal of an internally dwelling ureteral stent via a transurethral approach, use 50386)

Other Introduction (Injection/Change/Removal) Procedures

Percutaneous genitourinary procedures are performed with imaging guidance (eg, fluoroscopy and/or ultrasound). Diagnostic nephrostogram and/or ureterogram are typically performed with percutaneous genitourinary procedures and are included in 50436, 50437, 50432, 50433, 50434, 50435, 50693, 50694, 50695.

Code ~~50395~~50436 describes enlargement of an existing percutaneous tract to the renal collecting system to accommodate large instruments used in an ~~endoscopic~~ endourologic procedure~~and~~. Code 50436 includes pre-dilation urinary tract imaging, post-procedure nephrostomy tube placement, when performed, and includes all radiological supervision and interpretation and imaging guidance (eg, ultrasound, fluoroscopy). Code ~~50395~~50436 may ~~should~~ not be ~~used to~~ reported with 50432, 50433, 52334 for ~~used to report a~~ basic dilation of a percutaneous tract during ~~for~~ initial placement of a catheter or device.

Code 50437 includes all elements of 50436, but also includes new~~de novo~~ access into the renal collecting system performed ~~on the same day~~ in the same session when a pre-existing tract is not present.

Codes 50430 and 50431 are diagnostic procedure codes that include injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 50430 also includes accessing the collecting system and/or associated ureter with a needle and/or catheter. Codes 50430 or 50431 may not be reported together with 50432, 50433, 50434, 50435, 50693, 50694, 50695.

Codes 50432, 50433, 50434, 50435 represent therapeutic procedures describing catheter placement or exchange, and include the elements of access, drainage catheter manipulations, and imaging guidance (eg, ultrasonography and/or fluoroscopy), as well as diagnostic imaging supervision and interpretation, when performed.

Code 50433 describes percutaneous nephrostomy with the additional accessing of the ureter/bladder to ultimately place a nephroureteral catheter (a single transnephric catheter with nephrostomy and ureteral components that allows drainage internally, externally, or both).

For codes 50430, 50431, 50432, 50433, 50434, 50435, 50606, 50693, 50694, 50695, 50705, and 50706, the renal pelvis and its associated ureter are considered a single entity for reporting purposes. Codes 50430, 50431, 50432, 50433, 50434, 50435, 50606,50693, 50694, 50695, 50705, and 50706 may be reported once for each renal collecting system/ureter accessed (eg, two separate codes would be reported for bilateral nephrostomy tube placement or for unilateral duplicated collecting system/ureter requiring two separate procedures.)

50391 Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

~~**D**50395~~	-	~~*Introduction of guide into renal pelvic and/or ureter with dilation to establish nephrstomy tract percutaneous*~~ (50395 has been deleted. To report, see 50436, 50437)	000	N/A (2018 work RVU = 3.37)
●50436	T1	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;	000	3.37
●50437	T2	including new access into the renal collecting system (For nephrostolithotomy, see 50080, 50081) (For retrograde percutaneous nephrostomy, use 52334) (For endoscopic surgery, see 50551-50561) (Do not report 50436, 50437 in conjunction with 50080, 50081, 50382, 50384, 50430, 50431, 50432, 50433, 52334, 74485)	000	5.44
50432**(f)**	T3	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50432 in conjunction with 50436, 50437, 50430, 50431, 50433, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50432 in conjunction with ~~50395,~~ 50436, 50437, for dilation of the nephrostomy tube tract)	000	4.00 (No Change) (Affirm current work RVU, January 2015 RUC Review)

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50433**(f)**	T4	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access Do not report 50433 in conjunction with 50430, 50431, 50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50433 in conjunction with ~~50395~~ 50436, 50437 for dilation of the nephroureteral catheter tract) (For nephroureteral catheter removal and replacement, use 50387)	000	5.05 (No Change) (Affirm current work RVU, January 2015 RUC Review)

52334**(f)**	T5	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde (For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of percutaneous nephrostomy, see 50432, 50433 ~~tract only, use 50395~~) (For cystourethroscopy, with ureteroscopy and/or pyeloscopy, see 52351-52356) (For cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves or obstructive hypertrophic mucosal folds, use 52400) (Do not report 52334 in conjunction with 52000, 52351, 50437)	000	3.37 (2018 work RVU = 4.82)

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52341	*Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52342	*with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52343	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)
	(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)
	(For radiological supervision and interpretation, use 74485)
52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52345	*with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)*
52346	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*
	(For radiological supervision and interpretation, use 74485)
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)
	(For transurethral resection or incision of ejaculatory ducts, use 52402)
	(Do not report 52344, 52345, 52346 in conjunction with 52351)
	(For image-guided dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, use 50706)
52351	*Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic*
	~~(For radiological supervision and interpretation, use 74485)~~

Radiology
Diagnostic Radiology
Urinary Tract

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▲74485	T6	Dilation of ~~nephrostomy,~~ ureter(s) or urethra, radiological supervision and interpretation (Do not report 74485 in conjunction with 50436, 50437) (For dilation of ureter without radiological guidance, use 52341, 52344) (For change of nephrostomy or pyelostomy tube, use 50435) (For dilation of a nephrostomy tract for endourologic procedure, see 50436, 50437)	XXX	0.83

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50436 Tracking Number T1 Original Specialty Recommended RVU: **3.37**
Presented Recommended RVU: **3.37**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **3.37**

CPT Descriptor: Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male patient presents with a symptomatic right renal pelvic stone confirmed by prior imaging. A percutaneous right renal pelvic 8 Fr nephrostomy tube has been previously placed. Dilation of the percutaneous tract is scheduled prior to endoscopic stone removal (reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history including physical examination and laboratory studies are reviewed and consent is obtained. Relevant preoperative imaging studies are retrieved and reviewed. A "time out" is performed. The patient is placed prone on the fluoro compatible OR table. Position to ensure that fluoro and endourologic equipment are compatible with room set up. Sterile prep and drape, gown and glove.

Description of Intra-Service Work: Through existing nephroureteral access perform and interpret antegrade nephroureterogram. Fluroscopically introduce 2 stiff wires into the urinary bladder. Skin incision is made. Fluroscopically position 10mm tract dilation balloon and dilate the tract. Over the balloon, fluroscopically advance the 30 French tract sheath to secure access for the distinct and separate work of the endourologic proceudure in question. Following the endourologic procedure, fluroscopically advance a post procedure nephrostomy tube into place. Perform and interpret post procedure nephroureterogram. The catheter is connected to a gravity drainage bag. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, recovery, and pain control. Postoperative orders are entered. Findings discussed with patient and family. Surgical procedure and image interpretation reports are created for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	50436		
Sample Size:	8700	**Resp N:** 73	**Response:** 0.8 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	50.00
Survey RVW:	1.00	4.00	**5.20**	6.80	11.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**12.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**30.00**	60.00	180.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	50436	**Recommended Physician Work RVU: 3.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52287	000	3.20	**RUC Time**	31,456

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 28.7 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 50436	Top Key Reference CPT Code: 50694	2nd Key Reference CPT Code: **50695**
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	30.00	62.00	75.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**111.00**	**124.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity		5%	43%	48%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	62%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	52%	38%

Physical effort required	10%	67%	24%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	48%	43%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	27%	67%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	33%	60%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	33%	67%
Physical effort required	0%	47%	53%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Recommendation
After a comprehensive of the survey data, the consenus panel is recommending a wRVU of 3.37 for CPT Code 50436. New code 50436 is currently reported with CPT Codes 50395 and 74485. The specialty societies believe a value of 3.37, which is the current value of 50395, will maintain relativity within this dilation of urinary tract family of services. Although time and wRVU comparisons to the KRS are difficult, survey respondents did rate the reference code 50436 of similar or greater overall intensity/complexity. Proposed 50436 values are well bracketed by MPC codes 52287 (also a GU code) and 37191. We note that the current time in the RUC databse for CPT Code 50395 is Harvard and should not be used as a direct comparator to the surveyed times.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50395 + 74485

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,720 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 50395 was reported approximatley 3000 times in 2016. We estimate that 90% of those procedures would be reported as new code 50X39.

Specialty Radiology Frequency 2000 Percentage 73.52 %

Specialty Interventional Radiology Frequency 600 Percentage 22.05 %

Specialty Urology Frequency 150 Percentage 5.51 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 50432

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50437 Tracking Number T2 Original Specialty Recommended RVU: **5.44**
Presented Recommended RVU: **5.44**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **5.44**

CPT Descriptor: Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system
(For nephrostolithotomy, see 50080, 50081)
(For retrograde percutaneous nephrostomy, use 52334)
(For endoscopic surgery, see 50551-50561)
(Do not report 50436, 50437 in conjunction with 50080, 50081, 50382, 50384, 50430, 50431, 50432, 50433, 52334, 74485)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female presents with symptomatic chronic right renal pelvic calculi. Access to the right renal collecting system and dilation of the urinary tract is scheduled prior to endoscopic stone removal (reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's medical history including physical examination and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A "time out" is performed. The patient is placed prone on the fluoro compatible OR table. Position to ensure that ultrasound, fluoro, and endourologic equipment are compatible with room set up. Sterile prep and drape, gown and glove.

Description of Intra-Service Work: A small skin incision is made. Using US and fluoroscopy to target the area of stone disease within the collecting system, a needle is inserted through a calyceal approach. The needle placement is confirmed by performing and interpreting an antegrade nephrostogram. 018 wire is fluoroscopically placed down the ureter. Dilator system introduced so that a larger stiff 035 wire can be placed in the urinary bladder. An 8FR sheath is placed so that an additional stiff 035 wire can be placed in the urinary bladder. Skin incision is expanded. Fluroscopically position 10mm tract dilation balloon and dilate the tract. Over the balloon, fluroscopically advance the 30 French tract sheath to secure access for the distinct and separate work of the endourologic proceudure in question. Following the endourologic procedure, fluroscopically advance a post procedure nephrostomy tube into place. Perform and interpret post procedure nephroureterogram. The catheter is connected to a gravity drainage bag. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, recovery, and pain control. Postoperative orders are entered. Findings discussed with patient and family. Surgical procedure and image interpretation reports are created for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	50437		
Sample Size:	8700	**Resp N:** 68	**Response:** 0.7 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	150.00
Survey RVW:	1.00	5.44	**6.80**	7.06	16.00
Pre-Service Evaluation Time:			**28.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	12.00	30.00	**45.00**	60.00	240.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	50437	**Recommended Physician Work RVU: 5.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	32,540

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 55.8 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 50437	Top Key Reference CPT Code: 50695	2nd Key Reference CPT Code: **50694**
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	60.00	75.00	62.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**100.00**	**124.00**	**111.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	32%	55%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	66%	34%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	39%	58%
Physical effort required	3%	61%	37%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	39%	58%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Survey respondents chose 50695 as the top KRS and 50694 as the second highest KRS. These are both similar codes involving the urinary collecting system. Intraservice time and wRVU are higher for 50695 compared to the reference code 50437. Intraservice time for 50694 is higher than the reference code with slightly lower wRVU than requested for 50437. Survey respondents tended to score 50437 of higher overall complexity and intensity compared to the KRSs. The expert panel feels that the requested times and wRVU values (25th percentile from survey) are appropriate based the survey and KRS comparisons. Clinically this makes sense as 50437 describes the work of creating a percutaneous renal access 3-4 times larger that of the KRSs. Furthermore the requested values for 50437 are well supported by MPC codes 37191 and 52235. In fact the requested wRVU for 50437 is the same as the wRVU for 52235 (also a code describing work with the GU system) with the same intraservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50395 + 74485 + 50432

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 50395 was reported approximately 3000 times in 2016. We estimate that new code 50X40 would be reported in 10% of those cases.

Specialty Radiology Frequency 210 Percentage 70.00 %

Specialty Interventional Radiology Frequency 60 Percentage 20.00 %

Specialty Urology Frequency 20 Percentage 6.66 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 50432

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52334 Tracking Number T5 Original Specialty Recommended RVU: **3.37**
Presented Recommended RVU: **3.37**
Global Period: 000 Current Work RVU: **4.82** RUC Recommended RVU: **3.37**

CPT Descriptor: Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of percutaneous nephrostomy, see 50432, 50433 tract only, use 50395)
(For cystourethroscopy, with ureteroscopy and/or pyeloscopy, see 52351-52356)
(For cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves or obstructive hypertrophic mucosal folds, use 52400)
(Do not report 52334 in conjunction with 52000, 52351, 50437)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old female has a large renal stone. A guide wire for percutaneous nephrostomy is placed by the retrograde method for guidance and targeting.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:
- Review the medical record including preoperative laboratory results.
- Write preoperative orders (to be sent or faxed to the hospital).
- Review surgical procedure and postoperative recovery in and out of hospital with patient and /or family. Answer patient and / or family questions.
- Insure that the informed consent has been completed and is present in the medical record.
- Change into scrubs.
- Place lubrication jelly into the urethra.
- Wait 10
- Wash and disinfect hands, put on sterile surgical gown.
- Prepare the genitalia with standard prep solution and place sterile drapes.
- Inspect and assemble the endoscopic equipment.
- Position patient onto the endoscopic table and move into dorsal lithotomy position.
- Perform the initial time out / briefing with the surgical team.

Description of Intra-Service Work:
- Perform cystoscopy, assess ureteral orifice
- Perform retrograde pyelogram to delineate anatomy
- Through a ureteral catheter Insert Lawson retrograde nephrostomy puncture wire
- The puncture wire is passed through the muscle and the skin is “tented”
- The skin is incised and the needle is delivered

- A 22 G and 18 G needle dilator are placed over the puncture wire, which is advanced through the skin, subcutaneous fat, abdominal wall musculature, and perinephric fat until it reached the renal parenchyma
- After the catheter dilation up to 12 Fr is performed, a safety guidewire is placed.
- A percutaneous nephrostomy balloon dilation catheter is placed over the guide wire and the tract is dilated.
- A Nephrostomy tube is then placed and the balloon dilation catheter is removed.

Description of Post-Service Work:

- Move the patient off of the treatment table and transport to the recovery area
- Discuss the patient's postoperative care with patient and/or family
- Write prescriptions
- Dictate the operative note
- Schedule follow-up appointment

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	52334		
Sample Size:	8700	**Resp N:** 46	**Response:** 0.5 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	10.00	100.00
Survey RVW:	1.00	4.21	**5.38**	7.00	12.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	16.00	**30.00**	60.00	169.00

Immediate Post Service-Time:	**19.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	52334	**Recommended Physician Work RVU: 3.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50695	000	6.80	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50694	000	5.25	**RUC Time**

CPT Descriptor Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52287	000	3.20	**RUC Time**	31,456

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	35,879

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52334	Top Key Reference CPT Code: 50695	2nd Key Reference CPT Code: **50964**
Median Pre-Service Time	25.00	29.00	29.00
Median Intra-Service Time	30.00	75.00	62.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**124.00**	**111.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	47%	29%	18%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	53%	35%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	38%	63%

Physical effort required	0%	69%	31%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	38%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	50%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	13%	50%	38%
Physical effort required	0%	63%	38%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created two codes to report dilation of existing tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound

and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Crosswalk Recommendation
After a comprehensive review of the survey data the consensus panel is recommending a cross-walk value for CPT Code 52334. The median surveyed intra times are the same for codes 50436 and 52234. To maintain relativity within this dilation of urinary tract family and the broader fee schedule, the consensus panel believes a crosswalk to the value for CPT Code 50436 is more appropriate than the median or 25th survey statistic.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) CPT Code 52334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 417
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database states that CPT Code 52334 was performed 417 times for Medicare patients in 2016. We do not suspect the utilization to dramatically change.

Specialty Urology Frequency 400 Percentage 95.92 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74445

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74485 Tracking Number T6 Original Specialty Recommended RVU: **0.83**
Presented Recommended RVU: **0.83**
Global Period: XXX Current Work RVU: **0.54** RUC Recommended RVU: **0.83**

CPT Descriptor: Dilation of ureter(s) or urethra, radiological supervision and interpretation
(Do not report 74485 in conjunction with 50436, 50437)
(For dilation of ureter without radiological guidance, use 52341, 52344)
(For change of nephrostomy or pyelostomy tube, use 50435)
(For dilation of a nephrostomy tract for endourologic procedure, see 50436, 50437)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66 year old male with a ureteral stricture undergoes dilation of the ureter with imaging. Radiologic supervision and interpretation of images is done during and immediately following dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the patient's medical and surgical history including prior imaging studies to become familiar with the patient's urologic pathology and anatomy.

Description of Intra-Service Work: Pre- and Post- dilation imaging is interpreted making note of response to treatment, potential complication, and fluoroscopy time.

Description of Post-Service Work: Based on pertinent patient information and using direct comparison to other available imaging the report is dictated into PACS and the permanent medical record. The physician communicates pertinent findings to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Michael Hall, MD, Curtis Anderson, MD, PhD, Kurt Schoppe, MD, Daniel Wessell, MD, Thomas M. Turk,MD, James Depree, MD and Kyle Richards, MD		
Specialty(s):	Interventional Radiology, Radiology and Urology		
CPT Code:	74485		
Sample Size:	8700	**Resp N:** 44	**Response:** 0.5 %
Description of Sample:	SIR - random sample of US physician members ACR - a random subset of 875 members who perform services pertaining to interventional radiology and a random sample of 875 members AUA - random sample of US physician members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	21.00	200.00
Survey RVW:	0.40	0.61	**0.83**	1.78	5.60
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	15.00	**20.00**	34.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74485	**Recommended Physician Work RVU: 0.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77002	ZZZ	0.54	**RUC Time**

CPT Descriptor Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78707	XXX	0.96	**RUC Time**

CPT Descriptor Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	49,560

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	236,046

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 74485	Top Key Reference CPT Code: 77002	2nd Key Reference CPT Code: **78707**
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	20.00	15.00	22.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**28.00**	**17.00**	**22.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	20%	47%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	27%	73%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	27%	73%
Physical effort required	7%	40%	53%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	27%	67%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	13%	25%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	13%	88%
Physical effort required	0%	13%	88%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created two codes to report dilation of existing urinary tract, and establishment of new access to the collecting system, including percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is included into these new codes.

CPT Codes 52234 and 74485 were included in the family and surveyed by the specialties.

CPT Codes 50432 and 50433 were also included in the family. The specialty societies are requesting the RUC re-affirm the values of these two recently RUC reviewed codes (January 2015).

Compelling Evidence

AUA, ACR and SIR feels that there is compelling evidence for CPT 74485. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. There is a difference between the work and time values currently listed for this code compared with the survey responses. We believe this indicates both that the prior work and time values were incorrectly assigned. In addition, the patient population for the use of this code has changed. In the past this code was mainly used by interventional radiologists for the dilation of a nephrostomy tract prior to nephrolithotomy. Dilation of nephrostomy tract is now part of CPT 50436. Dilation of the lower urinary tract (urethra or lower ureter) is now the primary use of CPT 74485 representing a substantial change in patient population.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74485

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Urology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2016 Medicare utilization rate for CPT Code 74485 in the current RUC database is 2,837. After 74485 is bundled into the two new urinary tract codes, we anticipate the utilization for this code will dramatically decrease. We anticipate the Medicare utilization for this code will be less than 100.

Specialty Urology Frequency 60 Percentage 60.00 %

Specialty Radiology Frequency 30 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74450

SS Rec Summary

ISSUE: Dilation of Urinary Tract

TAB: 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	21	0.068			5.25			111	23	1	5			62			20					
2nd REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	15	0.077			6.80			124	23	1	5			75			20					
CURRENT	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous		0.047			3.37			99	29					46			24					
CURRENT	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
SVY	50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;	73	0.132	1.00	4.00	5.20	6.80	11.00	92	25	12	10	5	20	30	60	180	15	0	2	5	10	50
REC				0.085			3.37			70	18	1	6			30			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	38	0.077			6.80			124	23	1	5			75			20					
2nd REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	12	0.068			5.25			111	23	1	5			62			20					
CURRENT	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous		0.047			3.37			99	29					46			24					
CURRENT	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
CURRENT	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
SVY	50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system	68	0.123	1.00	5.44	6.80	7.06	16.00	108	28	10	10	12	30	45	60	240	15	0	2	5	10	150
REC				0.077			5.44			100	18	1	6			60			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	17	0.077			6.80			124	23	1	5			75			20					
2nd REF	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	8	0.068			5.25			111	23	1	5			62			20					
CURRENT	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde		0.076			4.82			114	25		25			49			15					
SVY	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	46	0.136	1.00	4.21	5.38	7.00	12.00	95	26	10	10	5	16	30	60	169	19	0	0	1	10	100
REC		CROSSWALK TO 50X39 or 50395		0.082			3.37			75	18	6	6			30			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	15	0.033			0.54			17	2					15								
2nd REF	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	8	0.044			0.96			22						22								
CMS/Other	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation		n/a			0.54			12														
SVY	74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	44	0.019	0.40	0.61	0.83	1.78	5.60	40	10			4	15	20	34	90	10	0	3	6	21	200
REC				0.033			0.83			28	3					20			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
67						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
68	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
69	1st REF				#DIV/0!						0														
70	2nd REF				#DIV/0!						0														
71	CURRENT	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
72	SVY				#DIV/0!						0														
73	REC	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		0.062			4.00			97	23	1	5			48			20					
74																									
75																									
76						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
77	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
78	1st REF				#DIV/0!						0														
79	2nd REF				#DIV/0!						0														
80	CURRENT	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access		0.067			5.05			109	23	1	5			60			20					
81	SVY				#DIV/0!						0														
82	REC	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access		0.067			5.05			109	23	1	5			60			20					

CPT Code(s): 50436, 50437, 52334, 74485, 50432 and 50433
Specialty Society(s): SIR, ACR and AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2018

Global Period: 000

50436 *Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*

50437 *Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal collecting system*

52334 *Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*

50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*

50433 *Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*

Global Period: XXX

74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation*

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   SIR, ACR and AUA convened a panel that included a number of experts familiar with these Dilation of Urinary Tract Services to evaluate the direct practice expense inputs for this family of codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   New Codes 50436 and 50437 – we included CPT Code 50431 (Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing

access) as a reference code. CPT Code 50431 was recently reviewed by the RUC/PE Subcommittee and is part of the Genitourinary family of services.

CPT Code 52334 – we included the current direct practice expense inputs

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The societies are recommending extensive use of clinical time in the Facility setting.

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   N/A

8. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   N/A

9. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

10. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

11. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

N/A

12. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

13. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    N/A

14. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

    N/A

15. **If there is any other item on your spreadsheet that needs further explanation please include here:**

    N/A

CPT Code(s): 50436, 50437, 52334, 74485, 50432 and 50433
Specialty Society(s): SIR, ACR and AUA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non-Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2018

Global Period: XXX

74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation*

Global Period: 000

50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*

50433 *Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogramwhen performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   SIR, ACR and AUA convened a panel that included a number of experts familiar with these Dilation of Urinary Tract Services to evaluate the direct practice expense inputs for this family of codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   CPT Code 74485 – we included the current direct practice expense inputs

   CPT Codes 50432 and 50433 – We are asking the PE subcommittee (and RUC) to re-affirm the inputs for these recently reviewed (January 2015) services. We have included their current direct practice expense inputs.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

Urology

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   N/A

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   We are recommending assist physician tech time at 100% of physician times.

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   The original recommendations included 5 minutes of PRE TIME for "Other Clinical Activity: *Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD".* We have split that 5 minutes into 3 minutes for CA006 *confirm availability of prior images/studies* and 2 minutes for CA007 *review patient clinical extant information and questionnaire.*

   The original recommendations included 2 minutes of INTRA TIME for "*hang and process films*". We have included that in CA030 *tech QCs images in PACS, checking for all images, reformats and dose page.*

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   Pre-Service Clinical Labor Activities:

   Confirm availability of prior images/studies -

   Review patient clinical extant information and questionnaire -

   Intra-Service Clinical Labor Activities:

   Prepare room, equipment, supplies after consulting with MD

   Prepare and position patient on table

   Assist physician (100% - hip to hip) – The Radiologic Technologist is scrubbed into the procedure and is sterile to assist in the procedure.

   Clean room/equipment by physician staff – Radiologic technologist cleans room and equipment.

   Technologist archives and QC's images to/in PACS, checking for all images and dose page

Review examination with interpreting MD to determine which images to send to PACS and to review documents.

Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   N/A

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    ED053 Professional PACS Workstation – "Other" formula *Half pre physician times and all of intra physician times

    ED050 PACS Workstation Proxy – "PACS" formula

EL014 room, radiographic-fluoroscopic – "Default" formula

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Codes 50432 and 50433 – We are asking the PE Subcommittee to re-affirm the inputs for CPT Codes 50432 and 50433, which were included as part of the family for the two new dilation of urinary tract procedures. The direct practice expense inputs for CPT Codes 50432 and 50433 were recently established by the PE subcommittee (January 2015).

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology				**50431**		**50436**		**50437**	
3		***RUC Collaboration Website***				*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**0**	**30**	**0**	**33**	**0**	**33**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**30**	**0**	**30**	**0**	**30**
9			*L037D*	*RN/LPN/MTA*	*0.37*		*30*		*30*		*30*
10			*L041B*	*Radiologic Technologist*	*0.41*						
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**0**	**0**
12			*L037D*	*RN/LPN/MTA*	*0.37*						
13			*L041B*	*Radiologic Technologist*	*0.41*						
14			*L051A*	*RN*	*0.51*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**3**	**0**	**3**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 11.10**	**$ -**	**$ 13.03**	**$ -**	**$ 13.03**
17		**PRE-SERVICE PERIOD**									
18		**Start: Following visit when decision for surgery or procedure made**									
19	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5
20	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		10		10		10
21	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		5		5		5
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		7		7		7
23	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		3		3		3
24	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41				2		2
25	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41						
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L041B	Radiologic Technologist	0.41						
33		**End: When patient enters office/facility for surgery/procedure**									
34		**SERVICE PERIOD**									
35		**Start: When patient enters office/facility for surgery/procedure:**									
36		**Pre-Service (of service period)**									
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
39	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
40	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
41	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41						
42	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
43	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41						
45	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
52		**Intra-service (of service period)**									
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41						
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37						
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41						
56	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37						
63		**Post-Service (of service period)**									
64	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.51						
65	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
66	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41						
67	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
68	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
69	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
71	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
72	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41						
74	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41						
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41						
76	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
78	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
79	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**									
87		**POST-SERVICE PERIOD**									
88		**Start: Patient leaves office/facility**									
89	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				3		3
90	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
91		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes	16								
93		99212 27 minutes	27								
94		99213 36 minutes	36								
95		99214 53 minutes	53								
96		99215 63 minutes	63								
97	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet - AT MEETING**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology				**50431**		**50436**		**50437**	
3		***RUC Collaboration Website***				*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed;*		*Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, as well as post procedure tube placement, when performed; including new access into the renal*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**				**0**	**30**	**0**	**33**	**0**	**33**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**30**	**0**	**30**	**0**	**30**
9			*L037D*	*RN/LPN/MTA*	*0.37*		*30*		*30*		*30*
10			*L041B*	*Radiologic Technologist*	*0.41*						
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**0**	**0**
12			*L037D*	*RN/LPN/MTA*	*0.37*						
13			*L041B*	*Radiologic Technologist*	*0.41*						
14			*L051A*	*RN*	*0.51*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0**	**0**	**0**	**3**	**0**	**3**
105	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
107	SA048	pack, minimum multi-specialty visit	1.143	pack							
108	SB022	gloves, non-sterile	0.084	pair							
109	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz							
110	SA019	kit, iv starter	1.6	kit							
111	SA067	tray, shave prep	1.812	tray							
112	SA071	kit, AccuStick II Introducer System with RO Marker	82.62	kit							
113	SB001	cap, surgical	0.209	item							
114	SB005	cover-condom, transducer or ultrasound probe	0.35	item							
115	SB009	drape, sterile, femoral	15.949	item							
116	SB019	drape-towel, sterile 18in x 26in	0.282	item							
117	SB024	gloves, sterile	0.84	pair							
118	SB028	gown, surgical, sterile	4.671	item							
119	SB033	mask, surgical	0.196	item							
120	SB034	mask, surgical, with face shield	1.199	item							
121	SB039	shoe covers, surgical	0.338	pair							
122	SB044	underpad 2ft x 3ft (Chux)	0.23	item							
123	SC010	closed flush system, angiography	11.883	item							
124	SC035	needle, Chiba	8.477	item							
125	SC049	stop cock, 3-way	1.175	item							
126	SC051	syringe 10-12ml	0.184	item							
127	SC056	syringe 50-60ml	0.881	item							
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.435	item							
129	SD043	dilator, vessel, angiographic	6.5	item							
130	SD089	guidewire, hydrophilic	35.5	item							
131	SD090	guidewire, STIFF	23.9	item							
132	SD146	catheter percutaneous fastener (Percu-Stay)	12.745	item							
133	SD161	drainage catheter, all purpose	88.43	item							
134	SD163	drainage pouch, nephrostomy-biliary	13.25	item							
135	SD171	guidewire bowl w-lid, sterile	3	item							
136	SF007	blade, surgical (Bard-Parker)	0.535	item							
137	SG009	applicator, sponge-tipped	0.139	item							
138	SG055	gauze, sterile 4in x 4in	0.159	item							
139	SG079	tape, surgical paper 1in (Micropore)	0.002	inch							
140	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml							
141	SH065	sodium chloride 0.9% flush syringe	0.811	item							
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.074	item							
143	SJ041	povidone soln (Betadine)	0.008	ml							
144	SL036	cup, biopsy-specimen sterile 4oz	0.173	item							
145	SD147	catheter, (Glide)	62	item							
146	SD306	Nephroureteral Catheter	117.9	item							
147											
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
150	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
152	EF023	table, exam	1338.17		0.002976617						
153	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145						
154	EL011	room, angiography	1386816	Highly Technical	5.25467238						
155	ED050	PACS Workstation Proxy	5557	PACS	0.022017924						
156	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936						
157	EQ250	ultrasound unit, portable	29999		0.11624994						
158	EQ168	light, exam	1630.12		0.004325893						
159	EF027	table, instrument, mobile	634		0.001410266						
160	EQ032	IV infusion pump	2384.45		0.006327678						
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	4322.5		0.013951439						
162											
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**52334**		**52334**		**74485**		**74485**		**50432**	
3		***RUC Collaboration Website***	*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**									**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**XXX**	**XXX**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**33**	**0**	**35**	**21**	**0**	**33**	**0**	**180**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**30**	**0**	**32**	**5**	**0**	**3**	**0**	**7**	**30**
9				*30*							*3*	
10							*5*		*3*		*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**16**	**0**	**30**	**0**	**170**	**0**
12											*31*	
13							*16*		*30*		*94*	
14											*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**3**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 12.21**	**$ -**	**$ 13.03**	**$ 8.61**	**$ -**	**$ 13.53**	**$ -**	**$ 76.82**	**$ 11.10**
17		**PRE-SERVICE PERIOD**										
18		**Start: Following visit when decision for surgery or procedure made**										
19	CA001	Complete pre-service diagnostic and referral forms		5		5					3	5
20	CA002	Coordinate pre-surgery services (including test results)		10		10						10
21	CA003	Schedule space and equipment in facility		5		5						5
22	CA004	Provide pre-service education/obtain consent		7		7						7
23	CA005	Complete pre-procedure phone calls and prescription		3		3						3
24	CA006	Confirm availability of prior images/studies				2	3		2		2	
25	CA007	Review patient clinical extant information and questionnaire					2		1		2	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)										
33		**End: When patient enters office/facility for surgery/procedure**										
34		**SERVICE PERIOD**										
35		**Start: When patient enters office/facility for surgery/procedure:**										
36		**Pre-Service (of service period)**										
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are									3	
38	CA010	Obtain vital signs									5	
39	CA011	Provide education/obtain consent									5	
40	CA012	Review requisition, assess for special needs										
41	CA013	Prepare room, equipment and supplies					1		1		2	
42	CA014	Confirm order, protocol exam										
43	CA015	Setup scope (nonfacility setting only)										
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					1		1		2	
45	CA017	Sedate/apply anesthesia										
52		**Intra-service (of service period)**										
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)							20		48	
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)										
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)					9				36	
56	CA021	Perform procedure/service---NOT directly related to physician work time										
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)									12	
63		**Post-Service (of service period)**										
64	CA022	Monitor patient following procedure/service, multitasking 1:4									45	
65	CA023	Monitor patient following procedure/service, no multitasking										
66	CA024	Clean room/equipment by clinical staff					3		3		3	
67	CA024	Clean room/equipment by clinical staff										
68	CA025	Clean scope										
69	CA026	Clean surgical instrument package										
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									3	
71	CA028	Review/read post-procedure x-ray, lab and pathology reports										
72	CA029	Check dressings, catheters, wounds									3	
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page					2		2		2	
74	CA031	Review examination with interpreting MD/DO							2			
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.							1		1	
76	CA033	Perform regulatory mandated quality assurance activity (service period)										
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry										
78	CA035	Review home care instructions, coordinate visits/prescriptions										
79	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office**										
87		**POST-SERVICE PERIOD**										
88		**Start: Patient leaves office/facility**										
89	CA037	Conduct patient communications		3		3					3	
90	CA038	Coordinate post-procedure services										
91		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92		99211 16 minutes										
93		99212 27 minutes										
94		99213 36 minutes										
95		99214 53 minutes										
96		99215 63 minutes										
97	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**										

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**52334**		**52334**		**74485**		**74485**		**50432**	
3		***RUC Collaboration Website***	*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Dilation of ureter(s) or urethra, radiological supervision and interpretation*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**									**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**XXX**	**XXX**	**XXX**	**XXX**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**0**	**33**	**0**	**35**	**21**	**0**	**33**	**0**	**180**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**30**	**0**	**32**	**5**	**0**	**3**	**0**	**7**	**30**
9				*30*							*3*	
10							*5*		*3*		*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**16**	**0**	**30**	**0**	**170**	**0**
12											*31*	
13							*16*		*30*		*94*	
14											*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**3**	**0**
105	**Medical**	**MEDICAL SUPPLIES**										
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.25**	**$ -**	**$ 0.25**	**$ -**	**$ 341.56**	**$ -**
107	SA048	pack, minimum multi-specialty visit									1	
108	SB022	gloves, non-sterile					1		1			
109	SM013	disinfectant, surface (Envirocide, Sanizide)					1		1		1	
110	SA019	kit, iv starter									1	
111	SA067	tray, shave prep									1	
112	SA071	kit, AccuStick II Introducer System with RO Marker									1	
113	SB001	cap, surgical									4	
114	SB005	cover-condom, transducer or ultrasound probe									1	
115	SB009	drape, sterile, femoral									1	
116	SB019	drape-towel, sterile 18in x 26in									2	
117	SB024	gloves, sterile									2	
118	SB028	gown, surgical, sterile									2	
119	SB033	mask, surgical									2	
120	SB034	mask, surgical, with face shield									2	
121	SB039	shoe covers, surgical									4	
122	SB044	underpad 2ft x 3ft (Chux)									1	
123	SC010	closed flush system, angiography									1	
124	SC035	needle, Chiba									1	
125	SC049	stop cock, 3-way									1	
126	SC051	syringe 10-12ml									2	
127	SC056	syringe 50-60ml									2	
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)									2	
129	SD043	dilator, vessel, angiographic									2	
130	SD089	guidewire, hydrophilic									1	
131	SD090	guidewire, STIFF									1	
132	SD146	catheter percutaneous fastener (Percu-Stay)									1	
133	SD161	drainage catheter, all purpose									1	
134	SD163	drainage pouch, nephrostomy-biliary									1	
135	SD171	guidewire bowl w-lid, sterile									1	
136	SF007	blade, surgical (Bard-Parker)									1	
137	SG009	applicator, sponge-tipped									4	
138	SG055	gauze, sterile 4in x 4in									6	
139	SG079	tape, surgical paper 1in (Micropore)									12	
140	SH047	lidocaine 1%-2% inj (Xylocaine)									10	
141	SH065	sodium chloride 0.9% flush syringe									2	
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)									1	
143	SJ041	povidone soln (Betadine)									60	
144	SL036	cup, biopsy-specimen sterile 4oz									1	
145	SD147	catheter, (Glide)										
146	SD306	Nephroureteral Catheter										
147												
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
150	**Equipment Code**	**EQUIPMENT**										
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 47.99**	**$ -**	**$ 36.73**	**$ -**	**$ 98.00**	**$ -**
152	EF023	table, exam										
153	ED053	Professional PACS Workstation					6		22		25	
154	EL011	room, angiography					9					
155	ED050	PACS Workstation Proxy					16		30		80	
156	EL014	room, radiographic-fluoroscopic							25		60	
157	EQ250	ultrasound unit, portable									60	
158	EQ168	light, exam									75	
159	EF027	table, instrument, mobile									180	
160	EQ032	IV infusion pump									180	
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)									180	
162												
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

	A	B	W	X
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**50433**	
3		***RUC Collaboration Website***	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**204**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**7**	**30**
9			*3*	
10			*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**194**	**0**
12			*34*	
13			*115*	
14			*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 86.54**	**$ 11.10**
17		**PRE-SERVICE PERIOD**		
18		**Start: Following visit when decision for surgery or procedure made**		
19	CA001	Complete pre-service diagnostic and referral forms	3	5
20	CA002	Coordinate pre-surgery services (including test results)		10
21	CA003	Schedule space and equipment in facility		5
22	CA004	Provide pre-service education/obtain consent		7
23	CA005	Complete pre-procedure phone calls and prescription		3
24	CA006	Confirm availability of prior images/studies	2	
25	CA007	Review patient clinical extant information and questionnaire	2	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
33		**End: When patient enters office/facility for surgery/procedure**		
34		**SERVICE PERIOD**		
35		**Start: When patient enters office/facility for surgery/procedure:**		
36		**Pre-Service (of service period)**		
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3	
38	CA010	Obtain vital signs	5	
39	CA011	Provide education/obtain consent	5	
40	CA012	Review requisition, assess for special needs		
41	CA013	Prepare room, equipment and supplies	2	
42	CA014	Confirm order, protocol exam		
43	CA015	Setup scope (nonfacility setting only)		
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	
45	CA017	Sedate/apply anesthesia		
52		**Intra-service (of service period)**		
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60	
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)		
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45	
56	CA021	Perform procedure/service---NOT directly related to physician work time		
57	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15	
63		**Post-Service (of service period)**		
64	CA022	Monitor patient following procedure/service, multitasking 1:4	45	
65	CA023	Monitor patient following procedure/service, no multitasking		
66	CA024	Clean room/equipment by clinical staff	3	
67	CA024	Clean room/equipment by clinical staff		
68	CA025	Clean scope		
69	CA026	Clean surgical instrument package		
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	3	
71	CA028	Review/read post-procedure x-ray, lab and pathology reports		
72	CA029	Check dressings, catheters, wounds	3	
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	2	
74	CA031	Review examination with interpreting MD/DO		
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	1	
76	CA033	Perform regulatory mandated quality assurance activity (service period)		
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
78	CA035	Review home care instructions, coordinate visits/prescriptions		
79	CA036	Discharge day management	**n/a**	
86		**End: Patient leaves office**		
87		**POST-SERVICE PERIOD**		
88		**Start: Patient leaves office/facility**		
89	CA037	Conduct patient communications	3	
90	CA038	Coordinate post-procedure services		
91		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
92		99211 16 minutes		
93		99212 27 minutes		
94		99213 36 minutes		
95		99214 53 minutes		
96		99215 63 minutes		
97	CA039	Post-operative visits (total time)	**0.0**	**0.0**
104		**End: with last office visit before end of global period**		

	A	B	W	X
1	**RUC Practice Expense Spreadsheet - AT MEETING**		**REAFFIRM**	
2		**Meeting Date:** January 2018 **Tab:** Tab 12 Dilation of Urinary Tract **Specialty:** Interventional Radiology, Radiology, Urology	**50433**	
3		***RUC Collaboration Website***	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access*	
4	**Clinical Activity Code**	**"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "**	**January 2015**	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**
7		**TOTAL CLINICAL STAFF TIME**	**204**	**30**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**7**	**30**
9			*3*	
10			*4*	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**194**	**0**
12			*34*	
13			*115*	
14			*45*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**
105	**Medical**	**MEDICAL SUPPLIES**		
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 521.46**	**$ -**
107	SA048	pack, minimum multi-specialty visit	1	
108	SB022	gloves, non-sterile		
109	SM013	disinfectant, surface (Envirocide, Sanizide)	1	
110	SA019	kit, iv starter	1	
111	SA067	tray, shave prep	1	
112	SA071	kit, AccuStick II Introducer System with RO Marker	1	
113	SB001	cap, surgical	4	
114	SB005	cover-condom, transducer or ultrasound probe	1	
115	SB009	drape, sterile, femoral	1	
116	SB019	drape-towel, sterile 18in x 26in	2	
117	SB024	gloves, sterile	2	
118	SB028	gown, surgical, sterile	2	
119	SB033	mask, surgical	2	
120	SB034	mask, surgical, with face shield	2	
121	SB039	shoe covers, surgical	4	
122	SB044	underpad 2ft x 3ft (Chux)	1	
123	SC010	closed flush system, angiography	1	
124	SC035	needle, Chiba	1	
125	SC049	stop cock, 3-way	1	
126	SC051	syringe 10-12ml	2	
127	SC056	syringe 50-60ml	2	
128	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	2	
129	SD043	dilator, vessel, angiographic	2	
130	SD089	guidewire, hydrophilic	1	
131	SD090	guidewire, STIFF	1	
132	SD146	catheter percutaneous fastener (Percu-Stay)	1	
133	SD161	drainage catheter, all purpose	1	
134	SD163	drainage pouch, nephrostomy-biliary	1	
135	SD171	guidewire bowl w-lid, sterile	1	
136	SF007	blade, surgical (Bard-Parker)	1	
137	SG009	applicator, sponge-tipped	4	
138	SG055	gauze, sterile 4in x 4in	6	
139	SG079	tape, surgical paper 1in (Micropore)	12	
140	SH047	lidocaine 1%-2% inj (Xylocaine)	10	
141	SH065	sodium chloride 0.9% flush syringe	2	
142	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	1	
143	SJ041	povidone soln (Betadine)	60	
144	SL036	cup, biopsy-specimen sterile 4oz	1	
145	SD147	catheter, (Glide)	1	
146	SD306	Nephroureteral Catheter	1	
147				
148		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
150	**Equipment Code**	**EQUIPMENT**		
151		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 116.43**	**$ -**
152	EF023	table, exam		
153	ED053	Professional PACS Workstation	25	
154	EL011	room, angiography		
155	ED050	PACS Workstation Proxy	92	
156	EL014	room, radiographic-fluoroscopic	72	
157	EQ250	ultrasound unit, portable	72	
158	EQ168	light, exam	87	
159	EF027	table, instrument, mobile	180	
160	EQ032	IV infusion pump	180	
161	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180	
162				
163		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*		

January 5, 2015

Barbara Levy, MD
RUC Chair
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Re: Tab 9 Genitourinary Catheter Procedures

Dear Dr. Levy:

Attached are the RUC recommendations for Tab 9 Genitourinary Catheter Procedures. They include recommendations for 5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12, 5069X7, 5069X8 and 5069X9.

CPT Code 50391 *Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)* is an existing stand-alone therapeutic code utilized for the administration of therapeutic agents (i.e. chemotherapeutic drugs) into the renal pelvis through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under current consideration.

CPT Code 50396 *Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter* is an existing stand-alone diagnostic code utilized for measuring urinary tract flow rates through an existing nephrostomy tube. This code does not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under consideration.

The specialty societies are going to recommend CPT Code 50395 be referred to CPT to revise the nomenclature. There is concern about perceived confusion with the overlap in the X3 and 50395 descriptors.

We look forward to presenting our recommendations later this month in San Diego. If you have any questions, please don't hesitate to contact me at jerryn@tampabay.com.

Regards,



Gerald Niedzwiecki, MD
SIR RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported 75% or More screen

January 2015

Genitourinary Catheter Procedures

In October 2012, the Joint CPT/RUC Workgroup on Codes Reported Together identified the following code pairs as billed together 75% or more of the time: 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984. At the October 2014 CPT meeting, the specialties submitted a Code Change Proposal to bundle codes per the workgroup's request, and also refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements.

Prior to valuing these services, the specialty societies noted that for two of these new services, 50430 and 50431, there is compelling evidence that the current component codes used to report these services are potentially misvalued. The specialties brought forth the following compelling evidence arguments:

Change in technique and technology

- Virtually all the medical devices currently used in the genitourinary catheter procedures have been developed since the current codes were adopted. Advances in understanding of anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access.

Change in patient population

- The population of patients treated with the genitourinary catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all genitourinary catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

After hearing these arguments, the RUC agreed that there is compelling evidence that the current work values for 50430 and 50431 are potentially misvalued.

50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 35 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50430, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.15 is appropriate. To justify a work RVU of 3.15, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU= 3.12, intra time= 30 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC noted that both services provide comparable physician work and the recommended work value of 3.15 appropriately places 50430 in rank order betweeen these two reference services. **The RUC recommends a work RVU of 3.15 for CPT code 50430.**

50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 15 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50431, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 1.42 is appropriate. To justify a work RVU of 1.42, the RUC compared the surveyed code to the second highest chosen key reference code 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00) and noted that the reference code has slightly more total time than 50431, 60 minutes compared to 55 minutes, and is valued appropriately higher. The RUC also reviewed reference code 64445 *Injection, anesthetic agent; sciatic nerve, single* (work RVU= 1.48, intra time= 15 minutes) and MPC code 52000 *Cystourethroscopy (separate procedure)* (work RVU= 2.23, intra time= 15 minutes) and noted that both services provide comparable physician work and the recommended work value of 1.42 appropriately places 50431 relative to these two reference services. **The RUC recommends a work RVU of 1.42 for CPT code 50431.**

50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 48 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50432, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.70 is appropriate. To justify a work RVU of 4.70, the RUC compared the surveyed code to the top two key reference services chosen: CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and CPT code 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* (work RVU= 4.25, intra time= 40 minutes). The RUC agreed that considering the similarities in physician work and time, these two reference services are appropriately valued analogous to 50432.

Finally, the RUC noted that physician work involved in 50432 is the work involved in 50430 plus the work of re-accessing a system in a peripheral calyx. Therefore, the physician is accessing the system twice in 50432 and justifies a work RVU 1.55 difference greater than 50430. **The RUC recommends a work RVU of 4.70 for CPT code 50432.**

50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access
The RUC reviewed the survey results for 46 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 60 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50433, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that neither the 25th percentile (work RVU= 5.00) nor the median work RVU (work RVU= 6.20) accurately values 50433. To determine a more accurate value, the RUC reviewed CPT code 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (work RVU= 5.75) and noted that both codes have similar physician work and nearly identical total time. Given these similarities, the RUC recommends a work RVU of 5.75, which is a direct crosswalk to CPT code 52351. To justify this value, the RUC compared 50433 to CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation,*

laser, electrocautery, and incision) (work RVU= 5.85, intra time= 60 minutes) and noted that since both codes have identical intra-service time and comparable physician work, the recommended value is appropriately valued analogous to this reference code.

Finally, the RUC noted that the work involved in 50433 contains the physician work of 50432 plus the additional work of transversing the ureter and placing the catheter into the bladder and having it then travel externally to the patient. The RUC agreed that the additional incremental work of 1.05 above the recommended value of 4.70 for CPT code 50432 is accurate. **The RUC recommends a work RVU of 5.75 for CPT code 50433.**

50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract
The RUC reviewed the survey results for 45 interventional radiologists and recommends the following physician time components: pre-service time of 36 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50434, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 4.20 is appropriate. To justify a work RVU of 4.20, the RUC compared the surveyed code to MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU= 3.80) and noted that since this reference code has 5 fewer minutes than the surveyed code, 40 minutes compared to 45 minutes, 50434 is appropriately valued higher. In addition, the RUC reviewed CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and agreed that with identical intra-service time, these two codes should be valued similarly.

Finally, the RUC noted that the work involved in 50434 contains the physician work of 50431 plus the additional work of traversing the ureter with a new catheter analogous to 50433, where this new catheter extends from the bladder, through the ureter, is coiled in the kidney, and extends external to the patient. The RUC agreed that the additional work increment between this procedure and the injection procedure is accurate. **The RUC recommends a work RVU of 4.20 for CPT code 50434.**

50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
The RUC reviewed the survey results for 44 interventional radiologists and recommends the following physician time components: pre-service time of 20 minutes, intra-service time of 20 minutes and post-service time of 15 minutes.

To determine an appropriate work value for 50435, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 2.00 is appropriate. To justify a work RVU of 2.00, the RUC compared the surveyed code to the key reference code 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86, total time= 60 minutes) and noted that the reference code has slightly more total time compared to the surveyed code and is appropriately valued higher. The RUC also reviewed CPT code 47000 *Biopsy of liver, needle; percutaneous* (work RVU= 1.90, intra time= 20 minutes) and agreed that this reference code should be valued similarly to 50435. **The RUC recommends a work RVU of 2.00 for CPT code 50435.**

50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 45 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50693, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 4.60 is appropriate. To justify a work RVU of 4.60, the RUC compared the surveyed code to CPT code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50) and noted that both services have identical intra-service time, 45 minutes, and should therefore be valued similarly. The RUC also reviewed CPT code 50385 *Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation* (work RVU= 4.44, intra time= 45 minutes) and agreed that this reference code also provides an accurate anchor point to the recommended value.

Finally, the RUC noted that 50693 is analogous to the physician work involved in 50434. However, the placement of the ureteral catheter does not have external connections to the skin surface. Therefore, during deployment of the stent, there is significant risk of stent migration and malposition . This adds additional intensity compared to 50434 and the recommended value appropriately values the surveyed code above this reference code. **The RUC recommends a work RVU of 4.60 for CPT code 50693.**

50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 62 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50694, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 6.00 is appropriate. To justify a work RVU of 6.00, the RUC compared the surveyed code to the second highest chosen key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and agreed that since both services have comparable physician work and nearly identical intra-service time, 60 minutes compared to 62 minutes, both should be valued similarly. The RUC also reviewed CPT code 52342 *Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 5.85, intra time= 60 minutes) and agreed that both this reference code and 50694 should be valued similarly.

Finally, the RUC noted that 50694 is analogous to the physician work involved in 50693 except that there is not a pre-existing nephrostomy tract. Therefore, the additional work increment of placing the ureteral stent in a new access is accurately valued at 1.40 work RVUs. **The RUC recommends a work RVU of 6.00 for CPT code 50694.**

50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
The RUC reviewed the survey results for 33 interventional radiologists and recommends the following physician time components: pre-service time of 39 minutes, intra-service time of 75 minutes and post-service time of 20 minutes.

To determine an appropriate work value for 50695, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey median work RVU of 7.55 is appropriate. To justify a work RVU of 7.55, the RUC compared the surveyed code to the key reference code 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29) and noted that the surveyed code has more intra-service time compared to the reference code, 60 minutes compared to 75 minutes, and is therefore appropriately valued higher. The RUC also reviewed CPT code 20982 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg,*

metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency (work RVU= 7.27, intra time= 80 minutes) and agreed that this reference code is accurately valued similar to the surveyed code.

Finally, the RUC noted that the work involved in 50695 contains the physician work of 50694 plus the additional work of placing a nephrostomy tube. The RUC agreed that the additional work increment involved in the tube placement is accurately valued at 1.55 work RVUs. **The RUC recommends a work RVU of 7.55 for CPT code 50695.**

CPT Referral:
The RUC had significant concerns regarding the global period used for the following CPT codes: 50606, 50705 and 50706. The specialties noted that this code is almost always billed with another code. Since it was designated by CPT as -51 modifier exempt, the RUC was concerned that the pre- and post-service work would be duplicative. The specialties suggested that the surveyees had assumed that the code was a stand-alone code, and therefore assigned it pre- and post-work. The specialty societies agreed with the RUC that these three codes should be referred to the CPT Editorial Panel. Following referral, new surveys can be conducted, this time as add-on procedures, with new recommendations presented at the April 2015 meeting. **The RUC recommends CPT codes 50606, 50705 and 50706 be referred to the February 2015 CPT Editorial Panel. Note: The CPT Editorial Panel converted these codes to add-on codes at the February 2015 RUC Meeting.**

In addition, prior to the meeting, the specialties indicated that CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, will be referred to the CPT Editorial Panel to clear up any confusion with overlap in physician work with 50432. **The RUC recommends CPT code 50395 be referred to the CPT Editorial Panel.**

Not Part of Family:
The specialties noted that two CPT codes identified as part of the family, 50391 and 50396, are current stand-alone procedure that do not describe introduction/exchange/removal of catheters within the renal pelvis and should not be considered part of the family of codes under this tab. The RUC agreed that these two codes were not part of the current family under review.

New Technology:
The RUC recommends that this family of codes be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense:
The RUC reviewed and approved the direct practice expense inputs with the following modifications as approved by the Practice Expense Subcommittee:

- The clinical staff time for availability of prior images confirmed, was changed from 3 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 22).
- The clinical staff time for patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 23).
- The clinical staff time for obtain vital signs, was changed from 2 to 5 minutes for a standard level 2 (4-6 vitals) (line 29).
- The specialty had recommended 60 minutes (15 minutes of RN time per hour of monitoring) representing 4 hours of monitoring the patient after moderate sedation, however the PE Subcommittee determined that 15 minutes representing 1 hour of monitoring the patient after moderate sedation (line 43) was appropriate and moved the remaining 45 minutes of monitoring time to the appropriate line for monitoring the patient after procedure, not related to moderate sedation (line 44). The clinical staff type for monitoring the patient after procedure, not related to moderate sedation was changed from RN/LPN/MTA L037D to an RN L051A because that is the staff available in the office for these types of procedures (line 44).
- The clinical staff time for review examination with interpreting MD, was changed from 0 to 2 minutes for nonfacility setting to meet baseline standards for digital imaging (line 53).
- The clinical staff time for exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue, was changed from 0 to 1 minute for nonfacility setting to meet baseline standards for digital imaging (line 54).
- The PE Subcommittee had a robust discussion about use of the angiography room for these services. Unfortunately, in error, the equipment list for the angiography room has not been included in the PE reference materials for a number of years. AMA staff tracked down a list from 2003 and the equipment appears to remain unrevised since that time. The specialty advisors reviewed the equipment list in detail and verified that the angiography room, and not a subset of mobile equipment, is needed for these services.
- The equipment minute calculations were updated to include the appropriate line items for PACS Workstation Proxy (ED050) (line 140).

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Urinary System
Kidney
Introduction
Other Introduction Injection/Change/Removal Procedures

Percutaneous genitourinary procedures are performed with imaging guidance (eg, fluoroscopy and/or ultrasound). Diagnostic nephrostogram and/or ureterogram are typically performed with percutaneous genitourinary procedures and are included in 50432, 50433, 50435, 50434, 50693, 50694, and 50695.

Codes 50430 and 50431 are diagnostic procedure codes that include the work of injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 50430 also includes the work of accessing the collecting system associated and/or associated ureter with a needle and/or catheter. Codes 50430 or 50431 may not be reported together with 50432, 50433, 50435, 50434, 50693, 50694, 50695.

Codes 50432, 50433, 50435, 50434 are therapeutic procedures describing the work of catheter placement or exchange, and include the elements of access, drainage catheter manipulations and imaging guidance (eg ultrasonography and/or fluoroscopy) as well as diagnostic imaging supervision and interpretation, when performed.

Code 50433 describes the work of percutaneous nephrostomy with the additional work of accessing the ureter/bladder to ultimately place a nephroureteral catheter (a single transnephric catheter with nephrostomy and ureteral components that allows drainage internally, externally, or both).

50390 *Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous*

(For radiological supervision and interpretation, see 74425, 74470, 76942, 77002, 77012, 77021)

~~(For evaluation of fine needle aspirate, see 88172, 88173)~~

(For antegrade nephrostogram and/or antegrade pyelogram use 50430, 50431)

(For radiological supervision and interpretation, ~~see~~use74425~~,74475,74480~~)

Kidney
Endoscopy

For supplies and materials, use 99070)

50551 *Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50553 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50555 *with biopsy*

(For image-guided biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50562 *with resection of tumor*

50570 *Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50572 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50574 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

Ureter
Incision/Biopsy

Code 50606 is a an add-on code describing endoluminal biopsy (eg, brush) using non-endoscopic imaging guidance, and may be reported once per ureter per day. This code includes the work of the biopsy and the imaging guidance and radiological supervision and interpretation required to accomplish the biopsy. The biopsy may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50606 and may be separately reported. Other interventions or catheter placements performed at the same setting as the biopsy may be separately reported.

Ureter
Introduction
Other Introduction/Change/Removal Procedures

Codes 50693, 50694, 50695 are therapeutic procedure codes describing percutaneous placement of ureteral stents. These codes include the work of access, drainage, catheter manipulations, diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasonography and/or fluoroscopy), and all associated radiological supervision and interpretation. When a separate ureteral stent and a nephrostomy catheter are placed into a ureter and its associated renal pelvis during the same session through a new percutaneous renal access use 50695 to report the procedure.

50684 *Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter*

(For radiological supervision and interpretation, use 74425)

(Do not report 50684 in conjunction with 50433, 50434, 50693-95)

50686 *Manometric studies through ureterostomy or indwelling ureteral catheter*

50688 *Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit*

(If imaging guidance is performed, use 75984)

50690 *Injection procedure for visualization of ileal conduit and/ or ureteropyelography, exclusive of radiologic service*

(For radiological supervision and interpretation, use 74425)

Surgery
Urinary System
Ureter
Repair

Codes 50705, 50706 describe embolization or dilation of the ureter using non-endoscopic imaging guidance and each may be reported once per ureter per day. These codes include the work of catheter manipulations, contrast material injection(s) inherent to the intervention, imaging guidance (eg, fluoroscopy) and all associated radiologic supervision and interpretation. Access, and other therapeutic intervention(s) necessary for the introduction of needles, guide wires, and catheters into the kidney, renal pelvis, or ureter may be separately reported. Code 50705, 50706 are a add-on codes describing embolization and dilation of the ureter using non-endoscopic imaging guidance, and each may be reported once per ureter per day. These codes include the work of the embolization or dilation plus the imaging guidance and radiological supervision and interpretation required to accomplish the embolization or

dilation. These procedures may be performed through de novo transrenal access, an existing renal/ureteral access, transurethral access, an ileal conduit, or ureterostomy. The work to gain access may be separately reported. Diagnostic pyelography/ureterography is not included in the work of 50705 and 50706 and may be separately reported. Other interventions or catheter placements performed at the same setting as the embolization/dilation may be separately reported.

50951 *Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50953 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50955 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

50961 *with removal of foreign body or calculus*

~~*(When procedures 50970-59080 provide a significant identifiable service, they may be added to 50600)*~~

50970 *Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

50972 *with ureteral catheterization, with or without dilation of ureter*

(For image-guided[1] dilation of ureter without endoscopic guidance, see 50706)

50974 *with biopsy*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

~~*50980* *with removal of foreign body or calculus*~~

Endoscopy—Cystoscopy, urethroscopy, cystourethroscopy

52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;*

52007 *with brush biopsy of ureter and/or renal pelvis*

(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)

52341	*Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52343	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(Do not report 52341, 52342, 52343 in conjunction with 52000, 52351)			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
52346	*with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)*			
	(For image-guided[1] dilation of ureter, ureteropelvic junction stricture without endoscopic guidance, see 50706)			
52354	*with biopsy and/or fulguration of ureteral or renal pelvic lesion*			
	(For image-guided[1] biopsy of ureter and/or renal pelvis without endoscopic guidance, see 50606)			
▲50387		Removal and replacement of externally accessible ~~transnephric ureteral stent~~nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	000	2.00 (No Change)
50391(f)	I1	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenicor antifungal agent*)*	000	Not Part of Family
~~D50392~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous~~ ~~(For radiological supervision and interpretation, see 74475, 76942, 77013)~~ (50392 has been deleted. To report nephrostomy tube placement, see 50432)	~~000~~	N/A

~~D50394~~		~~Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter~~ ~~(For radiological supervision and interpretation, see 74425)~~ (50394 has been deleted. To report injection procedures for antegrade nephrostogram or antegrade pyelogram, see 50430, 50431)	~~000~~	N/A
50395(f)	I2	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	000	Refer to CPT Editorial Panel
50396(f)	I3	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter.	000	Not Part of Family
~~D50398~~		~~Change of nephrostomy or pyelostomy tube~~ ~~(For radiological supervision and interpretation, use 75894)~~ (50398 has been deleted. To report exchange of a percutaneous nephrostomy catheter, use 50435)	~~000~~	N/A
⊙●50430	I4	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	000	3.15

⊙●50431	I5	existing access (Do not report 50430, 50431 in conjunction with 50432, 50433, 50435, 50434, 50606, 50684, 50693, 50694, 50695, 50705, 50706, 74425)	000	1.42
⊙●50432	I6	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50432 in conjunction with 50395, 50430, 50431, 50433, 50694, 50695, 50705, 50706, 74425)	000	4.70
⊙●50433	I7	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (Do not report 50433 in conjunction with 50430, 50431, 50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter) (Do not report 50433 in conjunction with 50395 for dilation of the nephrouteral catheter tract) (For nephroureteral catheter removal and replacement, use 50387)	000	5.75
⊙●50434	I8	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg,	000	4.20

		ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract (Do not report 50435 in conjunction with 50430, 50431, 50693, 74425)		
⊙●50435	I9	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (Do not report 50435 in conjunction with 50430, 50431, 50434, 50693, 74425 for the same for the same renal collecting system and/or associated ureter) (For removal of nephrostomy catheter requiring fluoroscopic guidance, use 50389)	000	2.00
⊙✚●50606	I10	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (Use 50606 in conjunction with 50382-50389, 50430-50435, 50434, 50684,50688, 50690, 50693-50695, 51610)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
⊙●50693	I11	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and	000	4.60

		interpretation; via a pre-existing nephrostomy tract		
⊙●50694	I12	new access, without separate nephrostomy catheter	000	6.00
⊙●50695	I13	new access, with separate nephrostomy catheter (Do not report 50693, 50694, 50695 in conjunction with 50430, 50431, 50432, 50433, 50434, 50435, 50684, 74425 for the same collecting system and/or associated ureter[3])	000	7.55
⊙✚●50705	I14	Ureteral embolization or occlusion, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015

⊙✚●50706	I15	Balloon catheter dilation, ureteral stricture, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List in addition to primary procedure) (For percutaneous nephrostomy, nephroureteral catheter, and/or ureteral catheter placement use 50432, 50433, 50435, 50434, 50693, 50694, 50695) (Use 50705-50706 in conjunction with 50382-50389, 50430-50435, 50434,50684, 50688, 50690, 50693-50695, 51610) (Do not report 50706 in conjunction with 50553, 50572, 50953, 50972, 52341, 52344,52345, 74485)	ZZZ	Refer to CPT Editorial Panel to Convert to Add-on Codes – Survey for April 2015
74425	I16	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	XXX	Survey for April 2015
~~D74475~~		~~Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

~~74480~~		~~Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation~~ ~~For transurethral surgery [ureter and pelvis], see 52320-52356)~~ (Codes 74475 and 74480 have been deleted. To report, see 50432, 50433, 50435, 50434, 50606, 50693, 50694, 50695)	~~XXX~~	N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50432 Tracking Number I6 Original Specialty Recommended RVU: **4.70**
Presented Recommended RVU: **4.70**
Global Period: 000 RUC Recommended RVU: **4.70**

CPT Descriptor: Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female was diagnosed with a right renal urinary tract obstruction secondary to a ureteropelvic junction obstructing stone. Percutaneous nephrostomy catheter placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 95%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into a right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate a lower pole access would be more advantageous for drain placement. A second 21-gauge needle is directly inserted into a lower pole calyx using combined direct ultrasound and fluoroscopic guidance. Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over a wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A heavy duty wire is advanced through the catheter, and the catheter is removed. The tract is serially dilated to 8 Fr, and an 8 Fr drainage catheter placed. The renal collecting system and catheter are irrigated with saline. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the

permanent record. Percutaneous nephrostomy drainage procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50432		
Sample Size:	1750	**Resp N:** 45	**Response:** 2.5 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**20.00**	40.00	90.00
Survey RVW:	2.86	4.70	**5.10**	6.33	8.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**48.00**	60.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50432	**Recommended Physician Work RVU: 4.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49405	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31628	000	3.80	**RUC Time**	37,262

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	0.00	**RUC Time**	52,401

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)	**CPT Code:** 50432	**Top Key Reference CPT Code:** 49407	**2nd Key Reference CPT Code:** **49405**
Median Pre-Service Time	39.00	45.00	45.00
Median Intra-Service Time	48.00	45.00	40.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**107.00**	**110.00**	**105.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.60	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	0.20	0.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.63
Physical effort required	0.00	0.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.80	0.75
Outcome depends on the skill and judgment of physician	0.60	0.75

Estimated risk of malpractice suit with poor outcome	0.60	0.88

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.40	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B

We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A

We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A

We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B

We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075

Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118
MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50392, 74475, 50390 and 74425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
20,817 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50392

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:50433 Tracking Number I7 Original Specialty Recommended RVU: **5.75**
Presented Recommended RVU: **5.75**
Global Period: 000 RUC Recommended RVU: **5.75**

CPT Descriptor: Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female was diagnosed with a right urinary tract obstruction secondary to a stricture at the ureteropelvic junction. Percutaneous nephroureteral stent placement is requested to decompress the proximal collecting system.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 94%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed prone on the angiographic table. Moderate conscious sedation is administered.

Description of Intra-Service Work: Ultrasound is used to identify a potential tract to the right renal collecting system. The right flank is prepared and draped in sterile fashion and local anesthetic is administered. A small skin incision is made. A 21-gauge needle is inserted into the right renal pelvis through a calyceal approach.. The needle placement is confirmed by injection of a tiny amount of contrast material under fluoroscopic guidance and acquired images demonstrate an upper pole access would be more advantageous for nephroureteral catheter placement. A second 21-gauge needle is directly inserted into an upper pole calyx under combined direct ultrasound and fluoroscopic guidance . Needle placement is confirmed by injection of a contrast material under fluoroscopic guidance and permanent images are acquired. A urine sample from the renal pelvis is acquired and sent to the laboratory for analysis. The needle is exchanged over wire for an intermediate introducer catheter under fluoroscopic guidance. Diagnostic nephrostogram and ureterogram images are acquired using digital spot film acquisition in multiple projections after injection of iodinated contrast material through the catheter. A hydrophilic wire is then manipulated through the UPJ stricture into the distal ureter and bladder. The intermediate catheter is advanced across the stricture and a second safety guidewire is inserted into the ureter. The intermediate catheter is removed over the wire. The parenchymal tract is serially dilated to 8 Fr. An 8 Fr nephroureteral stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis. The wires and delivery system are removed. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a percu-stay device.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. An interim surgical procedure note is created in the permanent record. Percutaneous nephroureteral stent placement procedure results and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Tim Swan, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	50433		
Sample Size:	1750	**Resp N:** 46	**Response:** 2.6 %
Description of Sample:	SIR - 1000 random US, MD members ACR - 750 random, US , MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	29.00	140.00
Survey RVW:	1.00	5.00	**6.20**	8.00	11.23
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	46.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	50433	**Recommended Physician Work RVU: 5.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37191	000	4.71	**RUC Time**

CPT Descriptor Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37211	000	8.00	**RUC Time**

CPT Descriptor Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	52,401

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	19,892

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 19.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code:** 50433	**Top Key Reference CPT Code:** 37191	**2nd Key Reference CPT Code:** **37211**
Median Pre-Service Time	39.00	38.00	48.00
Median Intra-Service Time	60.00	30.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**119.00**	**83.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.25	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.38	0.00
Urgency of medical decision making	0.38	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	0.33
Physical effort required	0.50	1.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.38	0.00
Outcome depends on the skill and judgment of physician	0.63	0.00

Estimated risk of malpractice suit with poor outcome	0.38	-1.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.75	-0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

The Joint CPT-RUC Workgroup identified codes 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 as codes reported together (Group 7). The specialties bundled codes per the workgroup's request, and refined the descriptors for injection and aspiration procedures to better delineate surgical access requirements. The CPT Editorial Panel deleted six CPT codes and created twelve codes to describe genitourinary catheter procedures and bundle inherent imaging services.

Compelling Evidence

SIR/ACR believe that the current values for CPT codes used for the percutaneous, image guided genitourinary procedures newly described in Tab 9 are no longer rational or appropriate for the granular and more descriptive codes in this new group of codes. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology

The codes currently used for this family of genitourinary procedures do not accurately reflect the techniques now used for image-guided, catheter-based genitourinary interventions. As an index example of these significant changes in technique, one of the most widely used of the current codes, 50392 "Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous" describes the placement of a nephrostomy tube. This procedure was previously performed most commonly with a blind technique using anatomic landmarks or less commonly by marking the skin with ultrasound and using the "trocar" method in which the collecting system was first densely opacified by puncture with a needle, after which the nephrostomy was placed by directly sticking the collecting system with one-piece sharpened stylet/cannula/catheter set. Guidewires were infrequently used.

Virtually all the medical devices currently used in GU catheter procedures have been developed since the current codes were adopted. Advances in understanding of GU anatomy and avoidance of complications (especially genitourinary sepsis) have led to the development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of nephrostomy catheters over a wire and use of real-time ultrasound guidance for needle access. The collecting system is never distended to avoid septic complications. Additionally modern imaging guidance is used to more accurately avoid direct puncture of the renal pelvis, which can lead to urine leak and laceration of renal hilar vessels.

We would note that the example of 50392 is reflective of the majority of the existing codes for GU catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values not appropriate for these new codes.

In another example, we can look at existing code 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection. Current methods utilize double-J internal stents designed specifically for placement via percutaneous methods. These stents were not available when the existing codes were proposed or adopted.

Some codes, for example, 507XX11 Ureteral embolization or occlusion and 506XX6 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic describe procedures which did not exist previously and thus are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the GU catheter procedures currently described by the family of codes being replaced by the new family of codes has changed considerably. Previously virtually all GU catheter procedures were used for basic relief of urinary obstruction either acutely or chronically, but as a result of major advances in urologic surgery, patients with malignancies, stone disease and other problems are now being managed with innovative reconstructive techniques including the regular need for and use of catheter based procedures, including urinary drainage.

Examples of the significant change in the patient populations served by these procedures would be: 1) Percutaneous stone removal and extraction (percutanous nephrolithotomy) 2) Management of complex operative urinary diversion procedures such as ileal conduit diversion, Indiana pouch reservoirs and neobladder to urethra diversions. 3) Management of ureteral injuries and urinary leaks

An example of the change in patient populations can be seen in the management of stone disease. Previously, patients with urolithiasis were referred for nephrostomy and/or ureteral stent placement only if the collecting system was obstructed and dilated. Currently, one of the primary indications for access in patients with nephrolithiasis is the presence of staghorn calculi which produces nondilated collecting systems with complex occlusive inflammatory stone burden which resist guidewire passage and require far more skill and time to achieve satisfactory access for subsequent nephrolithotomy in the OR.

In the case of complex operative urinary diversion procedures, interventionalists are much more frequently involved in draining non-obstructed decompressed collecting systems and in intervening on ureteral strictures and urinary leaks.

New GU Family

There are 12 new codes to describe genitourinary catheter procedures. These codes naturally fell into 3 subcategories (1) introduction injection/change/removal (X1, X2, X3, X4, X13 and X5), (2) ureter biospy/embolization/dilation (X6, X11, X12) and (3) ureteral stent (X7, X8 and X9). The codes were surveyed together as a family, to ensure appropriate relativity amongst all 12 codes. Below is an overview of the 12 new GU codes and how they relate to each other, the components included, etc.

	Via needle	Via existing cath
Nephrostogram	x1	x2
Neph tube placement	x3*	x5*
Nephroureteral tube placement	x4*	x13*
Ureteral stent- w/o neph tube	x8*	x7*
Ureteral stent- w/neph tube	x9*	x7*
** Includes nephrostogram if performed*		

Pre/Post Time

Below is a summary of the pre/post time packages selected for this family of codes. We adjusted the times down accordingly when the survey data were lower than the standard package.

PreTime Package 1A
We selected pre time package 1A straightforward patient/straightforward procedure w/o sedation for X5 *Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation.*

PreTime Package 2A
We selected pre time package 2A difficult patient/straightforward procedure w/o sedation for X2 *Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access.*

PreTime Package 2B
We selected pre time package 2b difficult patient/straightforward procedure with sedation for the remaining introduction/injection/change/removal procedures (X1, X3, X4, X13). We also selected pre time package 2b difficult patient/straightforward procedure with sedation for the ureteral stent procedures (X7, X8, X9).

PreTime Package 4

The consensus panel believes the ureter biopsy/embolization/dilation codes (X6, X11, X12) codes represent difficult patients and difficult procedures (pre-time package 4). However, this group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) so no Scrub/Dress/Wait or positioning time is recommended for these procedures. Also, because these procedures are performed with moderate sedation (not general anesthesia) we recommended pre service evaluation time equal to that of the 2B pre time package.

Post Time Package 7A
We selected post time package 7A Local anesthesia/straightforward procedures for X2 and X5.

Post Time Package 8A
We selected post time package 8A IV Sedation/ Straightforward Procedure for all the GU straightforward procedures with moderate sedation (X1, X3, X4, X13, X7, X8 and X9). Changed to be consisted with pre time above.

Post Time Package 8B
We selected post time package 8B IV Sedation/ Complex Procedure for the ureter biopsy/embolization/dilation codes (X6, X11, X12). This group of codes is modifier 51 exempt and generally performed with another procedure (i.e. X1) however there would still be post time specific to these codes (i.e. operative note, monitor/stabilize, communicate with patient/family, written post-operative note and post-operative orders/order entry).

Relativity

The consensus panel reviewed the recommendations to the reference service codes selected throughout the 12 surveyed codes and the MPCs. The panel believes the recommendations maintain relativity within (1) the new family of GU codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
MPC	12013	1.22	27	5	1	1	15	5	0.064
Reference	49450	1.36	50	20	5	5	10	10	0.054
Surveyed	X2	1.42	55	18	1	6	15	15	0.041
Reference	49451	1.84	55	20	5	5	15	10	0.068
Reference	49083	2.00	60	15	5	5	25	10	0.052
MPC	52000	2.23	42	10	2	5	15	10	0.113
Surveyed	X5	2.00	55	13	1	6	20	15	0.079
MPC	52332	2.82	56	15	1	5	25	10	0.088
Reference	49452	2.86	60	20	5	5	20	10	0.102
Reference	32557	3.12	67	13	3	6	30	15	0.079
Surveyed	X1	3.15	91	30	1	5	35	20	0.056
MPC	31628	3.8	90	10	10	10	40	20	0.071
Reference	32550	4.17	90	15	15	10	30	20	0.099
Surveyed	X13	4.20	101	30	1	5	45	20	0.067
Reference	49405	4.25	105	35	5	5	40	20	0.072
Reference	49407	4.50	110	35	5	5	45	20	0.069
Surveyed	X7	4.60	104	33	1	5	45	20	0.074
Surveyed	X3	4.70	107	33	1	5	48	20	0.072
MPC	37191	4.71	83	30	3	5	30	15	0.120
Reference	37191	4.71	83	30	3	5	30	15	0.120
Reference	37213	5.00	99	33	3	5	33	25	0.109
Surveyed	X4	5.75	119	33	1	5	60	20	0.075
Reference	36223	6.00	123	40	3	5	45	30	0.096
Reference	36247	6.29	131	33	3	5	60	30	0.080
Surveyed	X8	6.30	121	33	1	5	62	20	0.081
MPC	52352	6.75	118	33	5	15	45	20	0.118

MPC	52353	7.5	133	33	5	15	60	20	0.101
Surveyed	X9	7.55	134	33	1	5	75	20	0.084
Reference	36253	7.55	131	33	3	5	60	30	0.101
Reference	37211	8.00	138	40	3	5	60	30	0.105
Reference	37241	9.00	147	19	3	5	90	30	0.087

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

	CPT Code	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
				Eval	Pos	SDW			
introduction injection/change/ removal	X1	3.15	91	30	1	5	35	20	0.056
	X2	1.42	55	18	1	6	15	15	0.041
	X3	4.70	107	33	1	5	48	20	0.072
	X4	5.75	119	33	1	5	60	20	0.075
	X13	4.20	101	30	1	5	45	20	0.067
	X5	2.00	55	13	1	6	20	15	0.079
ureteral stent	X7	4.60	104	33	1	5	45	20	0.074
	X8	6.30	121	33	1	5	62	20	0.081
	X9	7.55	134	33	1	5	75	20	0.084

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 50393, 74480, 50390, 74425 and 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimates are not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Best estimate available based on 2013 Medicare data, currently reported codes, new bundled coding structure and anticipated utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 50393

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Genitourinary Catheter Procedures

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	9	0.079			3.12			67	13	3	6			30			15					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	7	0.072			4.25			105	35	5	5			40			20					
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	45	0.074	1.84	3.15	4.00	4.75	8.00	105	30	10	10	10	30	35	50	60	20	0	3	10	25	80
REC				0.056			3.15			91	30	1	5			35			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49450	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	15	0.072			4.25			105	35	5	5			40			20					
REF2	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	6	0.052			2.00			60	15	5	5			25			10					
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	45	0.064	1.10	1.42	2.00	3.00	5.00	67.5	17.5	10	10	5	10	15	29	60	15	0	10	23	40	150
REC				0.041			1.42			55	18	1	6			15			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or	9	0.069			4.50			110	35	5	5			45			20					
REF2	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen,	8	0.072			4.25			105	35	5	5			40			20					
CURRENT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous		0.062			3.37			87	27					36			24					
CURRENT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	45	0.074	2.86	4.70	5.10	6.33	8.50	123	35	10	10	15	30	48	60	90	20	0	15	20	40	90
REC				0.072			4.70			107	33	1	5			48			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and	9	0.120			4.71			83	30	3	5			30			15					
REF2	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation,	8	0.105			8.00			138	40	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access	46	0.078	1.00	5.00	6.20	8.00	11.23	135	35	10	10	20	46	60	75	120	20	0	5	15	29	140
REC				0.075			5.75			119	33	1	5			60			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	6	0.102			2.86			60	20	5	5			20			10					
REF2	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for	6	0.101			7.55			131	33	3	5			60			30					
CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and		0.045			0.54			12						12								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract	45	0.068	2.45	4.20	4.50	6.00	9.00	115	30	10	10	15	30	45	60	90	20	0	10	15	20	60
REC				0.067			4.20			101	30	1	5			45			20					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF1	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	16	0.102			2.86			60	20	5	5			20			10					
REF2	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation	8	0.068			1.84			55	20	5	5			15			10					
CURRENT	50398	Change of nephrostomy or pyelostomy tube		0.040			1.46			49	14					21			14					
CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and		0.048			0.72			15						15								
CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or		0.006			0.76			48	16					19			13					
CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
SVY	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	44	0.093	1.40	2.00	2.95	4.20	7.00	75	20	10	10	5	15	20	30	70	15	0	12	27	44	150
REC				0.065			2.00			55	13	1	6			20			15					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
16	REF1	32550	Insertion of indwelling tunneled pleural catheter with cuff	7	0.099			4.17			90	15	15	10			30			20					
17	REF2	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s),	6	0.102			2.86			60	20	5	5			20			10					
18	CURRENT	50398	Change of nephrostomy or pyelostomy tube		0.040			1.46			49	14					21			14					
19	CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess),		0.048			0.72			15						15								
20	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
21	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
22	CURRENT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through		0.006			0.76			48	16					19			13					
23	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
24	SVY	50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract	33	0.066	3.50	4.21	4.60	5.70	6.50	125	40	10	10	15	40	45	50	65	20	0	5	10	20	60
25	REC				0.074			4.60			104	33	1	5			45			20					
26																									
27						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
28	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
29	REF1	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal	8	0.069			4.50			110	35	5	5			45			20					
30	REF2	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower	7	0.080			6.29			131	33	3	5			60			30					
31	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
32	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
33	CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96			83	24					38			21					
34	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
35	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging		0.027			0.67			27	7					15			5					
36	SVY	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	33	0.073	4.00	6.00	6.30	7.50	9.00	147	45	10	10	30	60	62	75	120	20	0	3	10	22	60
37	REC				0.077			6.00			121	33	1	5			62			20					
38																									
39						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
40	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
41	REF	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower	5	0.080			6.29			131	33	3	5			60			30					
42	REF	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological	5	0.105			8.00			138	40	3	5			60			30					
43	CURRENT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous		0.058			4.15			102	27					52			23					
44	CURRENT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous,		0.045			0.54			12						12								
45	CURRENT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous		0.062			3.37			87	27					36			24					
46	CURRENT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological		0.045			0.54			12						12								
47	CURRENT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous		0.025			1.96				24					38			21					
48	CURRENT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation		0.040			0.36			9						9								
49	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging		0.027			0.67			27	7					15			5					
50	SVY	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	33	0.077	4.20	6.00	7.55	8.20	9.50	160	45	10	10	30	70	75	90	105	20	0	4	10	30	70
51	REC				0.084			7.55			134	33	1	5			75			20					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0						1								
HVD	55555	abc		0.053			5.00			133	17					27			8				1	1.0						1								
SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0						1								
REC	55555	abc		0.020			4.25			142	17	1	3			30			10									1	1.0		1							

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY						NON-FAC		
		1A	1B*	2A	2B*	3	4	5**	6A	6B*
	Total Pre-Service Time	**20**	**25**	**25**	**39**	**51**	**63**	**8**	**23**	**23**
	CATEGORY SUBTOTALS									
A	Pre-Service Evaluation (IWPUT =0.0224)	13	19	18	33	33	40	7	17	22
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	1	1	3	3	0	1	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	5	6	5	15	20	1	5	0
	DETAILS									
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	5	10	10	10	15	4	9	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	2	2	4	1	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	3	5	5	5	2	3	3
A	Communicate with other professionals	0	1	0	3	5	5	0	2	2
A	Check/set-up room, supplies and equipment	1	1	1	1	5	5	0	1	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	1	1	5	5	0	1	1
A	Prepare/ review/ confirm procedure	1	1	1	1	1	1	0	0	0
A	Administer moderate sedation/observe (wait) anesthesia care	0	5	0	10	0	0	0	0	5
B	Perform/ supervise patient positioning	1	1	1	1	3	3	0	1	1
C	Administer local/topical anesthesia	1	0	1	0	0	0	1	5	0
C	Observe (wait anesthesia care)	0	0	0	0	10	15	0	0	0
C	Dress and scrub for procedure	5	5	5	5	5	5	0	0	0

* Indicates packages that contain moderate sedation
**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1A Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)
1B* Straightforward Patient/Straightforward Procedure (With sedation/anesthesia care)
2A Difficult Patient/Straightforward Procedure (No sedation/anesthesia care)
2B* Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6A Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect
6B Procedure with sedation

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

*Roll-over cells for additional detail where available

***Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice**

*For building block IWPUT purposes whenever the procedure is on Appendix G – (Summary of CPT codes that include moderate (conscious) sedation) the IWPUT should be .0224 for the administration of moderate sedation line item because the physician is responsible for the administration of conscious sedation. If the procedure is one where conscious sedation is not inherent the same line item should have an IWPUT of .0081.

*Additional time may be justified for a straightforward patient undergoing a straightforward procedure (Package 1B), if the procedure is performed under general anesthesia and the surveys support

Detailed Description of Facility Based Post-Service Time Packages (Minutes)			
	8B IV Sedation/ Complex Procedure	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**28**	**30**	**33**
Details:			
Application of Dressing[1]	2	2	2
Transfer of supine patient off table	1	1	1
Operative Note	5	5	5
Monitor patient recovery/ Stabilization	5	10	10
Communication with patient and/or family	5	5	5
Written post-operative note	5	2	5
Post-Operative Orders and Order Entry	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

Tabs #7 and #9
Tab Number

Intravascular Ultrasound
Genitourinary Catheter Procedures
Issue

372X1, 372X2
5039X1-4, 5039X13, 5039X5, 506XX6, 507XX11, 507XX12 and 5069X7-X9
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

January 5, 2015
Date

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
50430	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*
50431	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*
50432	*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50433	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*
50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50705	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50693	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*
50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

CPT Codes X6, X11 and X12 will be included on the modifier 51/exempt list. As such, we have made recommendations taking this into account and backed out time for several pre/post service period activities. We would ask that a note be included in the RUC database that explains this and that these codes should not be used as PE crosswalks in the future (or non exempt codes).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialty societies are requesting additional 'clean room' time for X3, X4, X13, X5, X7, X8 and X9. These procedures generate external fluids, which require additional cleaning time. The clinical staff also needs time to clean the imaging equipment (in addition to the standard time to clean the angio room/equipment).

The specialty societies are recommending intra service/assist physician in performing procedure time based on the PE/RUC approved interventional procedure convention. That includes a scrubbed rad tech hip/hip assisting the MD, a rad tech doing the imaging (75%), a nurse blend circulator (25%) and a nurse to assist with sedation.

The specialty societies are recommending post procedure monitoring times consistent with the moderate sedation monitoring time workgroup recommendations. More specifically, the consensus panel is recommending four hours of post procedure monitoring for high-risk procedures (i.e. puncture of solid organ) for X1, X3, X4, X13, X7, X8 and X9. Consistent with the workgroup recommendations, we are requesting 15 minutes of RN time per hour (not blend).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are requesting time to complete diagnostic forms for X3, X4, X13, X5, X7, X8 and X9. Specimens are generated to be sent to the laboratory for microbiology/pathology.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Nurse administers conscious sedation *(excluding X2 and X5)*
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation
Clean room/equipment by physician staff
Complete diagnostic forms, lab & X-ray requisitions
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
Technologist QC's images in PACS, checking for all images, and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:
Conduct phone calls/call in prescriptions

CPT Code: 50430-50435, 50606, 50693-5, 50705-6
Specialty Societies: SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2015

CPT Long Descriptors:

CPT Code	CPT Descriptor
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50431	*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*
50432	*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50433	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*
50434	*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-existing nephrostomy tract*
50435	*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50606	*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50705	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50706	*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*
50693	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*
50694	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*
50695	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these newly created CPT codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT code 50387 *Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation* was included as a reference code. The direct practice expenses for CPT codes currently reported to describe these new procedures, (when priced in an office) were also included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are including pre service minutes for various activities in these 000 codes. They are required/necessary steps for these new GU procedures.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**74**	**0**	**205**	**30**	**83**	**30**	**250**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**	**0**	**7**	**30**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*3*	*0*	*3*	*30*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*3*	*0*	*4*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**65**	**0**	**195**	**0**	**73**	**0**	**240**	**0**
11		*L037D*	*RN/LPN/MTA*	*8*	*0*	*25*		*35*		*31*	
12		*L041B*	*RadTech*	*22*	*0*	*73*		*38*		*99*	
13		*L051A*	*RN*	*35*	*0*	*97*		*0*		*110*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		3	5	3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA				10		10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA				5		5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				7		7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA				3		3		3
22	Availability of prior images confirmed	L041B	RadTech	3		2		2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech			2		2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			3		3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA			5		5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		2	
34	Sedate/apply anesthesia	L051A	RN	2		2				2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	18		35				48	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					15			
39	Assist Physician in Performing Procedure	L041B	RT			35		15		48	
40	Acquire images (75%)	L041B	RT	14		26		11		36	
41	Circulator (25%)	L037D	RN/LPN/MTA			9		4		12	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15				15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45				45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT	2		3		3		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA							3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		2	
53	Review examination with interpreting MD	L041B	RT			2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT			1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1	**REVISED AT MEETING**			**REFERENCE CODE**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50387**		**50430 ndl gram**		**50431 cath gram**		**50432 place neph**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access*		*Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack			1		1		1	
74	pack, conscious sedation	SA044	pack	1		1				1	
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit			1		1		1	
80	kit, suture removal	SA031	kit	1							
81	pack, cleaning and disinfecting, endoscope	SA042	pack			1		1		1	
82	tray, shave prep	SA067	tray	1		1		1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit			1				1	
84	cap, surgical	SB001	item	2		4		4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item			1				1	
86	drape, sterile, femoral	SB009	item			1				1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item	1				1			
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2		2	
89	gloves, non-sterile	SB022	pair			2		2		2	
90	gloves, sterile	SB024	pair	2		2		2		2	
91	gown, surgical, sterile	SB028	item	2		2		2		2	
92	mask, surgical	SB033	item			2		2		2	
93	mask, surgical, with face shield	SB034	item	2		2		2		2	
94	shoe covers, surgical	SB039	pair	2		4		4		4	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1		1	
96	closed flush system, angiography	SC010	item	1		1		1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item	1		1		1		1	
100	syringe 10-12ml	SC051	item			2		2		2	
101	syringe 60ml (for irrigation)	SC056	item	2		2		2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item	1							
106	guidewire, hydrophilic	SD089	item							1	
107	guidewire, STIFF	SD090	item							1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1						1	
109	catheter, (Glide)	SD147	item								
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item							1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item								
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6		6				6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12				12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10				10	
120	sodium chloride 0.9% flush syringe	SH065	item	2		2				2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1				1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1		1	
125	computer media, dvd	SK013	item	1							
126	film, x-ray 14inx17in	SK034	item	1							
127	x-ray developer solution	SK089	oz	0.5							
128	x-ray envelope	SK091	item	1							
129	x-ray fixer solution	SK092	oz	0.5							
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		35		44		22		60	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		60		44		22		60	
137	table, instrument, mobile	EF027		80		284		22		300	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		80		284				300	
139	IV infusion pump	EQ032		80		284				300	
140	PACS Workstation Proxy	ED050				**58**		**21**		**71**	
141	film processor, dry, laser	ED024		3							
142	film alternator	ER029		3							
143	portable ultrasound	EQ250				44				60	

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Internventional Radiology			**50433 place neph-u**		**50434 convert to neph-u**		**50435 xchng neph**		**50606 bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**286**	**30**	**241**	**30**	**119**	**30**	**143**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**7**	**30**	**7**	**30**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*3*	*30*	*3*	*30*	*0*	*0*
9		*L041B*	*RadTech*	*4*		*4*		*4*		*0*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**276**	**0**	**231**	**0**	**109**	**0**	**143**	**0**
11		*L037D*	*RN/LPN/MTA*	*34*		*30*		*59*		*13*	
12		*L041B*	*RadTech*	*120*		*94*		*50*		*85*	
13		*L051A*	*RN*	*122*		*107*		*0*		*45*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**3**	**0**	**3**	**0**	**0**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	3	5	3	5		
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10		10		
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7		7		
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3		
22	Availability of prior images confirmed	L041B	RadTech	2		2		2			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		2			
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3			
29	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5			
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5		2	
31	Prepare room, equipment, supplies	L041B	RT	2		2		2		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2		1	
34	Sedate/apply anesthesia	L051A	RN	2		2					
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	60		45				45	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA					20			
39	Assist Physician in Performing Procedure	L041B	RT	60		45		20		45	
40	Acquire images (75%)	L041B	RT	45		34		15		34	
41	Circulator (25%)	L037D	RN/LPN/MTA	15		11		5		11	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		15					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		45					
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					15			
46	Clean room/equipment by physician staff	L041B	RT	6		6		6			
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3			
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3			
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2		1	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	L	M	N	O	P	Q	R	S
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50433 place neph-u**		**50434 convert to neph-u**		**50435 xchng neph**		**50606 bx**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access*		*Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via pre-*		*Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3			
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1		1			
74	pack, conscious sedation	SA044	pack	1		1					
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**								
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**	**1**		**1**					
79	kit, iv starter	SA019	kit	1		1		1			
80	kit, suture removal	SA031	kit			1		1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1			
82	tray, shave prep	SA067	tray	1		1		1			
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		4		4			
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1		1		1			
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item	2		2		2			
89	gloves, non-sterile	SB022	pair	2		2		2			
90	gloves, sterile	SB024	pair	2		2		2			
91	gown, surgical, sterile	SB028	item	2		2		2			
92	mask, surgical	SB033	item	2		2		2			
93	mask, surgical, with face shield	SB034	item	2		2		2			
94	shoe covers, surgical	SB039	pair	4		4		4			
95	underpad 2ftx3ft (Chux)	SB044	item	1		1		1			
96	closed flush system, angiography	SC010	item	1		1		1			
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1		1			
100	syringe 10-12ml	SC051	item	2		2		2			
101	syringe 60ml (for irrigation)	SC056	item	2		2		2			
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2			
103	brush, ureteral	SD008	item							1	
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item	1		1					
107	guidewire, STIFF	SD090	item	1		1		1			
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1		1		1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1		1		1			
112	pouch, nephrostomy-biliary drainage	SD163	item	1		1		1			
113	guidewire bowl w-lid, sterile	SD171	item	1		1		1			
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item							1	
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4		4			
117	gauze, sterile 4in x 4in	SG055	item	6		6		6			
118	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12			
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10			
120	sodium chloride 0.9% flush syringe	SH065	item	2		2		2			
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1			
122	povidone soln (Betadine)	SJ041	ml	60		60		60			
123	cup, biopsy-specimen sterile 4oz	SL036	item	1						1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1		1			
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		72		57		30		47	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		72		57		30		47	
137	table, instrument, mobile	EF027		312		297		90		47	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		312		297				47	
139	IV infusion pump	EQ032		312		297				47	
140	PACS Workstation Proxy	ED050		**83**		**68**		**21**		**53**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250		72							

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.** ****Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**			**203**	**0**	**188**	**0**	**241**	**30**	**292**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**7**	**30**	**7**	**30**
8		*L037D*	*RN/LPN/MTA*	*0*	*0*	*0*	*0*	*3*	*30*	*3*	*30*
9		*L041B*	*RadTech*	*0*		*0*		*4*		*4*	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**203**	**0**	**188**	**0**	**231**	**0**	**282**	**0**
11		*L037D*	*RN/LPN/MTA*	*18*		*17*		*30*		*35*	
12		*L041B*	*RadTech*	*120*		*111*		*94*		*124*	
13		*L051A*	*RN*	*65*		*60*		*107*		*124*	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					3	5	3	5
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA						10		10
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA						5		5
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						7		7
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA						3		3
22	Availability of prior images confirmed	L041B	RadTech					2		2	
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech					2		2	
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3		3	
29	Obtain vital signs	L037D	RN/LPN/MTA					5		5	
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		2		5		5	
31	Prepare room, equipment, supplies	L041B	RT	1		1		2		2	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	1		1		2		2	
34	Sedate/apply anesthesia	L051A	RN					2		2	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	65		60		45		62	
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA								
39	Assist Physician in Performing Procedure	L041B	RT	65		60		45		62	
40	Acquire images (75%)	L041B	RT	49		45		34		47	
41	Circulator (25%)	L037D	RN/LPN/MTA	16		15		11		16	
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN					15		15	
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN					45		45	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA								
46	Clean room/equipment by physician staff	L041B	RT					6		6	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA					3		3	
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA					3		3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	1		1		2		2	
53	Review examination with interpreting MD	L041B	RT	2		2		2		2	
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1		1		1		1	
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
59	**End: Patient leaves office**										

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**		**RECOMMENDATION**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Internventional Radiology			**50705 embo**		**50706 dilation**		**50693 place ureteral exist**		**50694 place ureteral new w/o tube**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Ureteral embolization or occlusion, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Balloon dilation, ureteral stricture, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; via a pre-existing nephrostomy tract*		*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					3		3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack					1		1	
74	pack, conscious sedation	SA044	pack					1		1	
75	**Catheter, balloon, PTA**	**SD152**	**item**			1					
76	**Stent, ureteral, without guidewire**	**SD218**	**item**					**1**		**1**	
77	**Non-detachable embolization coil**	**SF057**	**item**	**6**							
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit					1		1	
80	kit, suture removal	SA031	kit					1			
81	pack, cleaning and disinfecting, endoscope	SA042	pack					1		1	
82	tray, shave prep	SA067	tray					1		1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit							1	
84	cap, surgical	SB001	item					4		4	
85	cover-condom, transducer or ultrasound probe	SB005	item							1	
86	drape, sterile, femoral	SB009	item					1		1	
87	drape, sterile, fenestrated 16in x 29in	SB011	item								
88	drape-towel, sterile 18inx26in	SB019	item					2		2	
89	gloves, non-sterile	SB022	pair					2		2	
90	gloves, sterile	SB024	pair					2		2	
91	gown, surgical, sterile	SB028	item					2		2	
92	mask, surgical	SB033	item					2		2	
93	mask, surgical, with face shield	SB034	item					2		2	
94	shoe covers, surgical	SB039	pair					4		4	
95	underpad 2ftx3ft (Chux)	SB044	item					1		1	
96	closed flush system, angiography	SC010	item					1		1	
97	needle 18-27g	SC029	item								
98	needle, Chiba	SC035	item							1	
99	3 way stop cock (for irrigation)	SC049	item					1		1	
100	syringe 10-12ml	SC051	item					2		2	
101	syringe 60ml (for irrigation)	SC056	item					2		2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					2		2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item							2	
105	guidewire	SD088	item								
106	guidewire, hydrophilic	SD089	item					1		1	
107	guidewire, STIFF	SD090	item					1		1	
108	percutaneous catheter fastener (Percu-Stay)	SD146	item					1			
109	catheter, (Glide)	SD147	item	1		1		1		1	
110	catheter, balloon inflation device	SD149	item			1					
111	drainage catheter, all purpose	SD161	item					1			
112	pouch, nephrostomy-biliary drainage	SD163	item					1			
113	guidewire bowl w-lid, sterile	SD171	item					1		1	
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1		1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item							1	
116	applicator, sponge-tipped	SG009	item					4		4	
117	gauze, sterile 4in x 4in	SG055	item					6		6	
118	tape, surgical paper 1in (Micropore)	SG079	item					12		12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		10	
120	sodium chloride 0.9% flush syringe	SH065	item					2		2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item					1		1	
122	povidone soln (Betadine)	SJ041	ml					60		60	
123	cup, biopsy-specimen sterile 4oz	SL036	item							1	
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1		1	
125	computer media, dvd	SK013	item								
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item								
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item								
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		67		62		57		74	
134	table, exam	EF023									
135	fiberscope, flexible, cystoscopy, with light source	ES019									
136	light, exam	EQ168		67		62		57		74	
137	table, instrument, mobile	EF027		67		62		297		314	
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		67		62		297		314	
139	IV infusion pump	EQ032		67		62		297		314	
140	PACS Workstation Proxy	ED050		**73**		**68**		**68**		**85**	
141	film processor, dry, laser	ED024									
142	film alternator	ER029									
143	portable ultrasound	EQ250								74	

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Internventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
6	**TOTAL CLINICAL LABOR TIME**			**331**	**30**	**53**	**30**	**21**	**0**	**44**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**30**	**18**	**30**	**5**	**0**	**0**	**0**
8		*L037D*	*RN/LPN/MTA*	*3*	*30*	*18*	*30*			*0*	*0*
9		*L041B*	*RadTech*	*4*				*5*		*0*	*0*
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	**RedTech**	**321**	**0**	**35**	**0**	**16**	**0**	**41**	**0**
11		*L037D*	*RN/LPN/MTA*	*38*		*35*	*0*			*35*	
12		*L041B*	*RadTech*	*146*				*16*		*6*	
13		*L051A*	*RN*	*137*							
14	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**0**	**0**	**0**	**0**	**0**	**3**	**0**
15	**PRE-SERVICE**										
16	**Start: Following visit when decision for surgery or procedure made**										
17	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	5	5	5				
18	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10	3	10				
19	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5				
20	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7	7	7				
21	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3	3	3				
22	Availability of prior images confirmed	L041B	RadTech	2				5			
23	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2							
24	*Other Clinical Activity - *specify:*										
25	**End: When patient enters office/facility for surgery/procedure**										
26	**SERVICE PERIOD**										
27	**Start: When patient enters office/facility for surgery/procedure:**										
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		5					
29	Obtain vital signs	L037D	RN/LPN/MTA	5		3					
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5						5	
31	Prepare room, equipment, supplies	L041B	RT	2		2		1		1	
32	Setup scope (non facility setting only)										
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		1		2	
34	Sedate/apply anesthesia	L051A	RN	2						1	
35	*Other Clinical Activity - specify:										
36	**Intra-service**										
37	Assist Physician in Performing Procedure (CS)	L051A	RN	75		13					
38	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA							21	
39	Assist Physician in Performing Procedure	L041B	RT	75							
40	Acquire images (75%)	L041B	RT	56				9			
41	Circulator (25%)	L037D	RN/LPN/MTA	19							
42	**Post-Service**										
43	Monitor pt. following moderate sedation	L051A	RN	15		2					
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		3				6	
45	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA			3				6	
46	Clean room/equipment by physician staff	L041B	RT	6				3		2	
47	Clean Scope										
48	Clean Surgical Instrument Package										
49	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3					
50	Review/read X-ray, lab, and pathology reports										
51	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		2				3	
52	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2				2			
53	Review examination with interpreting MD	L041B	RT	2							
54	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT	1							
55	*Other Clinical Activity - *specify:*										
56	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		**n/a**		**n/a**		**n/a**	
57	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		**n/a**		**n/a**		**n/a**	
58	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		**n/a**		**n/a**		**n/a**	
59	**End: Patient leaves office**										

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1	**REVISED AT MEETING**			**RECOMMENDATION**		**EXISTING**		**EXISTING**		**EXISTING**	
2	**Meeting Date:** January 2015 **Tab:** 9 Genitourinary Catheter Procedures **Specialty:** Interventional Radiology			**50695 place ureteral new w/tube**		**50394**		**74475**		**50398**	
3	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**	**CMS Code**	**Staff Type**	*Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter*		*Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter*		*Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation*		*Change of nephrostomy or pyelostomy tube*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**XXX**	**XXX**		
60	**POST-SERVICE Period**										
61	**Start: Patient leaves office/facility**										
62	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3						3	
70	*Other Clinical Activity - *specify:*										
71	**End: with last office visit before end of global period**										
72	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
73	pack, minimum multi-specialty visit	SA048	pack	1		1					
74	pack, conscious sedation	SA044	pack	1							
75	**Catheter, balloon, PTA**	**SD152**	**item**								
76	**Stent, ureteral, without guidewire**	**SD218**	**item**	**1**							
77	**Non-detachable embolization coil**	**SF057**	**item**								
78	**Nephroureteral Catheter**	**NEW**	**item**								
79	kit, iv starter	SA019	kit	1							
80	kit, suture removal	SA031	kit							1	
81	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1					
82	tray, shave prep	SA067	tray	1						1	
83	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1							
84	cap, surgical	SB001	item	4		2				2	
85	cover-condom, transducer or ultrasound probe	SB005	item	1							
86	drape, sterile, femoral	SB009	item	1							
87	drape, sterile, fenestrated 16in x 29in	SB011	item			1				1	
88	drape-towel, sterile 18inx26in	SB019	item	2		2				2	
89	gloves, non-sterile	SB022	pair	2				1			
90	gloves, sterile	SB024	pair	2		2				2	
91	gown, surgical, sterile	SB028	item	2		2				2	
92	mask, surgical	SB033	item	2							
93	mask, surgical, with face shield	SB034	item	2						2	
94	shoe covers, surgical	SB039	pair	4						2	
95	underpad 2ftx3ft (Chux)	SB044	item	1		1				1	
96	closed flush system, angiography	SC010	item	1						1	
97	needle 18-27g	SC029	item			2					
98	needle, Chiba	SC035	item	1							
99	3 way stop cock (for irrigation)	SC049	item	1		1				1	
100	syringe 10-12ml	SC051	item	2		2					
101	syringe 60ml (for irrigation)	SC056	item	2		2				2	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2						2	
103	brush, ureteral	SD008	item								
104	dilator, vessel, angiographic	SD043	item	2							
105	guidewire	SD088	item							1	
106	guidewire, hydrophilic	SD089	item	1							
107	guidewire, STIFF	SD090	item	1							
108	percutaneous catheter fastener (Percu-Stay)	SD146	item	1							
109	catheter, (Glide)	SD147	item	1							
110	catheter, balloon inflation device	SD149	item								
111	drainage catheter, all purpose	SD161	item	1						1	
112	pouch, nephrostomy-biliary drainage	SD163	item	1						1	
113	guidewire bowl w-lid, sterile	SD171	item	1							
114	introducer sheath, Ansel [45 cm 6 Fr Ansel]	SD250	item	1							
115	blade, surgical (Bard-Parker)	SF007	item	1							
116	applicator, sponge-tipped	SG009	item	4		4				4	
117	gauze, sterile 4in x 4in	SG055	item	6						6	
118	tape, surgical paper 1in (Micropore)	SG079	item	12						12	
119	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10						10	
120	sodium chloride 0.9% flush syringe	SH065	item	2						2	
121	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1						1	
122	povidone soln (Betadine)	SJ041	ml	60		60				60	
123	cup, biopsy-specimen sterile 4oz	SL036	item	1							
124	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1				1			
125	computer media, dvd	SK013	item					1			
126	film, x-ray 14inx17in	SK034	item								
127	x-ray developer solution	SK089	oz								
128	x-ray envelope	SK091	item					1			
129	x-ray fixer solution	SK092	oz								
130	film, x-ray, laser print	Sk098	item					1			
131											
132	**EQUIPMENT**	**CODE**									
133	angiographic room	EL011		87				9		41	
134	table, exam	EF023				70					
135	fiberscope, flexible, cystoscopy, with light source	ES019				70					
136	light, exam	EQ168		87		70					
137	table, instrument, mobile	EF027		327							
138	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		327							
139	IV infusion pump	EQ032		327							
140	PACS Workstation Proxy	ED050		**98**							
141	film processor, dry, laser	ED024						2			
142	film alternator	ER029						2			
143	portable ultrasound	EQ250		87							

January 22, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Submitted electronically:

Re: Revisions to Payment Policies under the Physician Payment Schedule and Other Revisions to Part B for CY 2019

Dear Administrator Verma:

The undersigned specialty societies submit the following comments regarding an error in the 2019 Medicare Physician Fee Schedule (MFS). We believe the Centers for Medicare and Medicaid Services (CMS) erroneously double-counted the projected utilization for several new CPT Codes, thus resulting in inappropriate work relative value unit (wRVU) assignments. As such, we are respectfully requesting that CMS correct the error immediately and update the work RVUs, for claims processing starting in quarter two (2019).

Fine Needle Aspiration (FNA) (CPT codes 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 76492, 77002 and 77021)

CPT code 10021 was identified as part of the Centers for Medicare and Medicaid Services (CMS) OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding physician work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. The specialty societies provided two reasons why this issue needed to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, the codes needed clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging. In October 2017 the RUC reviewed recommendations for CPT Codes 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011 and 10012.

Dilation of Urinary Tract (CPT codes 50436, 50437, 52334, and 74485)

In October 2014, the CPT Editorial Panel deleted six codes and created 12 codes to describe genitourinary catheter procedures and bundle inherent imaging services. Those codes were reviewed by the RUC in January 2015. The RUC also referred CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, to the CPT Editorial Panel to clear up confusion with overlap in physician work with 50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*. In September 2017, the CPT Editorial Panel deleted CPT code 50395 nephrostomy tract code and created two new codes to report (1) dilation of an existing tract, and (2) establishment of new percutaneous access to the collecting system for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy), all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is also now included in those codes. In January 2018 the RUC reviewed recommendations for CPT Codes 50436 and 50437.

CY2019 RUC Recommendations

CMS reviewed the RUC recommendations for both the FNA family and the urinary tract family for calendar year 2019. CMS refined many of the RUC recommended values for these services. See below:

CPT CODE	DESCRIPTOR	RUC Recommended RVU	CY 2019 RVU
10021	Fine needle aspiration biopsy without imaging guidance; first lesion	1.27	1.03
10004	Fine needle aspiration biopsy without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	0.80
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	1.46
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	1.00	1.00
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	1.81
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	1.18	1.18

CPT CODE	DESCRIPTOR	RUC Recommended RVU	CY 2019 RVU
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	2.26
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	1.65	1.65
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	C	C
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	C	C
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	3.37	2.78
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	5.44	4.83

Projected Utilization

For these two code families (FNA and Urinary Tract), we believe CMS erroneously double-counted the utilization for new codes that had image guidance bundled, causing the Agency to incorrectly believe that the RUC was recommending large increases for both code families. We believe this is the principle reason why CMS rejected the RUC recommendations for many of the codes in these two families.

Specifically, in the CY2019 proposed rule, CMS indicated that based on their analysis, there was an approximate 20 percent increase in utilization for the new FNA codes. As such, the Agency could not support the RUC-recommended work RVUs. In the American Medical Association (AMA) comment letter, the AMA submitted analysis indicating a 15 percent *decrease* in utilization for the new FNA codes, and reiterated support for the RUC-recommended values. However, in the final rule, CMS maintained their proposed valuations for the FNA codes based on inaccurate utilization estimates. CMS included the below table in the final rule.

The aggregate utilization for codes 10004-10012 should have exactly equaled the utilization of delete code 10022 *FNA w/ guidance*. Instead, CMS doubled the utilization by adding the utilization of 10022 to the bundled utilization of each guidance code.

TABLE 12—FINE NEEDLE ASPIRATION WORK POOL COMPARISON

HCPCS code	Utilization source	Utilization destination	Work RVU source	Work pool source	Work RVU destination	Work pool destination	Work pool RVU change	Work pool % change
10021	23,755	21,380	1.27	30,169	1.20	25,655	−4,513	−15
10004	0	2,376	0.00	0	0.80	1,900	1,900	
10005	0	270,753	0.00	0	1.63	441,327	441,327	
10006	0	30,621	0.00	0	1.00	30,621	30,621	
10007	0	6,857	0.00	0	1.81	12,411	12,411	
10008	0	873	0.00	0	1.18	1,030	1,030	
10009	0	60,665	0.00	0	2.43	147,416	147,416	
10010	0	6,831	0.00	0	1.65	11,271	11,271	
10011	0	83	0.00	0	C	0	0	
10012	0	3	0.00	0	C	0	0	
10022	186,455	0	1.27	236,798	0.00	0	−236,798	−100
76942	558,081	488,321	0.67	373,914	0.67	327,175	−46,739	−13
7694226	641,346	561,178	0.67	429,702	0.67	375,989	−53,713	−13
76942TC	8,588	7,515	0.00	0	0.00	0	0	
77002	311,280	308,790	0.54	168,091	0.54	166,746	−1,345	−1
7700226	180,964	179,516	0.54	97,721	0.54	96,939	−782	−1
77002TC	7,936	7,873	0.00	0	0.00	0	0	
77012	9,343	7,792	1.16	10,838	1.50	11,688	850	8
7701226	194,611	162,306	1.16	225,749	1.50	243,458	17,710	8
77012TC	469	391	0.00	0	0.00	0	0	
77021	1,481	1,432	1.50	2,222	1.50	2,148	−73	−3
7702126	1,038	1,004	1.50	1,557	1.50	1,506	−51	−3
77021TC	67	65	0.00	0	0.00	0	0	
Totals	2,125,414	2,126,622		1,576,760		1,897,282	320,523	20

We believe this same flawed methodology also impacted the valuation of the dilation of urinary tract tab. In December 2018, the AMA requested that CMS reconsider their rejection of the RUC recommendations for CY2019. They declined to do so for CY2019, noting that their utilization projections in the NPRM addenda materials were available for public comment.

Correct Technical Error

The undersigned specialty societies request that CMS issue a technical correction to the utilization files and update the work RVUs, to reflect the RUC recommended values, for claims processing starting in quarter two (2019). We request these changes be effective January 1, 2019, which will allow providers the opportunity to reprocess claims from quarter one.

Thank you for addressing the error with these values. We understand that you may contact Mike Morrow at the AMA if you have any technical questions related to the utilization projections. Please don't hesitate to contact Stephanie Le at Sle@acr.org or Trisha Crishock at trishacrishock@gmail.com with any questions.

Sincerely,

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)
The American Association of Clinical Endocrinologists (AACE)
The American College of Radiology (ACR)
The American Society for Clinical Pathology
The American Society of Cytopathology (ASC)
The American Urologic Association (AUA)
The Congress of American Pathologists (CAP)
The Society of Interventional Radiology (SIR)

cc: Edith Hambrick, MD
Karen Nakano, MD
Marge Watchorn
Michael Soracoe
Mike Morrow

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2021

RESOURCE MATERIALS
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CPT 2021 RUC and HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0058T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0085T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0111T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0126T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0228T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0229T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0230T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0231T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0295T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020	18					☐		☐
0296T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020	18					☐		☐
0297T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020	18					☐		☐
0298T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020	18					☐		☐
0381T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0382T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0383T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0384T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0385T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0386T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0396T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0400T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0401T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐
0405T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0X00T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						☐		☐
0X01T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						☐		☐
0X02T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						☐		☐
0X03T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						☐		☐
0X04T	XXX	N	Sept 2019	71	Cat III Substernal Pulse Generator Removal-Replacement		Cat III						☐		☐
0X05T	XXX	N	Sept 2019	74	Cat III Cystourethroscopic Prostatic Therapeutic Drug Delivery		Cat III						☐		☐
0X06T	XXX	N	Sept 2019	70	Cat III Implantation of Interarterial Shunt		Cat III						☐		☐
0X08T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						☐		☐
0X09T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						☐		☐
0X10T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						☐		☐
0X11T	XXX	N	Sept 2019	68	Cat III Mobile Monitoring of Pulmonary Fluid Levels		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0X12T	XXX	N	Sept 2019	68	Cat III Mobile Monitoring of Pulmonary Fluid Levels		Cat III						☐		☐
0X13T	XXX	N	Sept 2019	63	Cat III Irreversible Electroporation (IRE) Ablation		Cat III						☐		☐
0X14T	XXX	N	Sept 2019	63	Cat III Irreversible Electroporation (IRE) Ablation		Cat III						☐		☐
0X15T	XXX	N	Sept 2019	66	Cat III Transdermal Glomerular Filtration Rate		Cat III						☐		☐
0X16T	XXX	N	Sept 2019	66	Cat III Transdermal Glomerular Filtration Rate		Cat III						☐		☐
0X17T	XXX	N	Sept 2019	72	Cat III Eye Moment Analysis Test		Cat III						☐		☐
0X18T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						☐		☐
0X19T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						☐		☐
0X20T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						☐		☐
0X30T	XXX	N	Sept 2019	51	Wound Bacteria Localization and Treatment		Cat III						☐		☐
0X31T	XXX	N	Sept 2019	51	Wound Bacteria Localization and Treatment		Cat III						☐		☐
0X50T	XXX	N	Sept 2019	22	Female Urinary Prosthesis Insertion and Replacement		Cat III						☐		☐
0X51T	XXX	N	Sept 2019	22	Female Urinary Prosthesis Insertion and Replacement		Cat III						☐		☐
0X70T	XXX	N	Sept 2019	12	Humerus Lengthening Device Procedures		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0X71T	XXX	N	Sept 2019	12	Humerus Lengthening Device Procedures		Cat III						☐		☐
11960	090	R	Feb 2019	09	Tissue Expander, Other Than Breast	A1	January 2020	04	ASPS	14.00	12.40		☑		☐
11970	090	R	Feb 2019	09	Breast Implant/Expander Placement	A2	January 2020	05	ASPS	8.01	8.01	Yes	☑		☐
11971	090	R	Feb 2019	09	Breast Implant/Expander Removal	A7	January 2020	06	ASPS	7.02	7.02		☑		☐
19316	090	F	Feb 2019	09	Breast Lift/Reduction	A13	January 2020	08	ASPS	11.09	11.09	Yes	☑		☐
19318	090	R	Feb 2019	09	Breast Lift/Reduction	A14	January 2020	08	ASPS	16.03	16.03	Yes	☑		☐
19324	090	D	Feb 2019	09	Breast Implant/Expander Placement		January 2020	05	ASPS				☑		☐
19325	090	R	Feb 2019	09	Breast Implant/Expander Placement	A3	January 2020	05	ASPS	8.64	8.64	Yes	☑		☐
19328	090	R	Feb 2019	09	Breast Implant/Expander Removal	A8	January 2020	06	ASPS	7.44	7.44		☑		☐
19330	090	R	Feb 2019	09	Breast Implant/Expander Removal	A9	January 2020	06	ASPS	9.00	9.00		☑		☐
19340	090	R	Feb 2019	09	Breast Implant/Expander Placement	A4	January 2020	05	ASPS	12.00	11.00		☑		☐
19342	090	R	Feb 2019	09	Breast Implant/Expander Placement	A5	January 2020	05	ASPS	12.63	11.00		☑		☐
19357	090	R	Feb 2019	09	Breast Implant/Expander Placement	A6	January 2020	05	ASPS	17.95	15.36		☑		☐
19361	090	R	Feb 2019	09	Autologous Reconstruction	A15	October 2019	04	ASPS	23.36	23.36	Yes	☑		☐
19364	090	R	Feb 2019	09	Autologous Reconstruction	A16	October 2019	04	ASPS	42.58	42.58	Yes	☑		☐
19366	090	D	Feb 2019	09	Autologous Reconstruction		October 2019	04	ASPS				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
19367	090	R	Feb 2019	09	Autologous Reconstruction	A17	October 2019	04	ASPS	26.80	26.80	Yes	☑		☐
19368	090	R	Feb 2019	09	Autologous Reconstruction	A18	October 2019	04	ASPS	33.90	33.90	Yes	☑		☐
19369	090	R	Feb 2019	09	Autologous Reconstruction	A19	October 2019	04	ASPS	31.31	31.31	Yes	☑		☐
19370	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A10	January 2020	07	ASPS	10.00	10.00		☑		☐
19371	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A11	January 2020	07	ASPS	10.81	10.81		☑		☐
19380	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A12	January 2020	07	ASPS	12.00	12.00		☑		☐
27465	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L1	January 2020	09	AAOS				☑	Refer to CPT	☐
27466	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L2	January 2020	09	AAOS				☑	Refer to CPT	☐
27468	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L3	January 2020	09	AAOS				☑	Refer to CPT	☐
27715	090	F	Sept 2019	11	Tibia Lengthening Device Procedures	M1	January 2020	10	AAOS				☑	Refer to CPT	☐
27X00	090	N	Sept 2019	10	Femur Lengthening Device Procedures	L4	January 2020	09	AAOS				☑	Refer to CPT	☐
27X16	090	N	Sept 2019	11	Tibia Lengthening Device Procedures	M2	January 2020	10	AAOS				☑	Refer to CPT	☐
29822	090	R	Sept 2019	14	Shoulder Debridement	N1	January 2020	11	AAOS	7.03	7.03		☑		☐
29823	090	R	Sept 2019	14	Shoulder Debridement	N2	January 2020	11	AAOS	7.98	7.98		☑		☐
30468	000	N	Sept 2019	15	Absorbable Nasal Implant Repair	O1	January 2020	12	AAOHNS	2.80	2.80		☑		☐
3170F	XXX	R	Sept 2019	53	Cat II Baseline Flow Cytometry		Cat II						☐		☐
32405	000	D	Feb 2019	11	Lung Biopsy-CT Guidance Bundle		April 2019	05	ACR, SIR				☑		☐
32408	000	N	Feb 2019	11	Lung Biopsy-CT Guidance Bundle	B1	April 2019	05	ACR, SIR	4.00	4.00		☑		☐
33990	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G2	October 2019	05	ACC, SCAI	7.90	6.75		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33991	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G3	October 2019	05	ACC, SCAI	9.11	8.84		☑		☐
33992	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G4	October 2019	05	ACC, SCAI	3.75	3.55		☑		☐
33993	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G6	October 2019	05	ACC, SCAI	3.26	3.10		☑		☐
33995	000	N	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G1	October 2019	05	ACC, SCAI	7.90	6.75		☑		☑
33997	000	N	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G5	October 2019	05	ACC, SCAI	3.51	3.00		☑		☑
33741	000	N	Sept 2019	16	Atrial Septostomy	P1	January 2020	13	ACC, SCAI	17.00	14.00		☑		☐
33745	000	N	Sept 2019	16	Atrial Septostomy	P2	January 2020	13	ACC, SCAI	24.21	20.00		☑		☐
33746	ZZZ	N	Sept 2019	16	Atrial Septostomy	P3	January 2020	13	ACC, SCAI	10.50	10.50		☑		☐
34709	ZZZ	R	Sept 2019	EC-D	Endovascular Aortic Repair (EVAR) Procedures		Editorial			6.50	6.50	Yes	☑		☐
55880	090	N	May 2019	11	Transrectal High Intensity Focused US Prostate Ablation	H1	October 2019	06	AUA	20.00	20.00		☑		☑
57465	ZZZ	N	Sept 2019	23	Computer-Aided Mapping of Cervix Uteri	Q1	January 2020	14	ACOG	0.81	0.81		☑		☑
64455	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial			0.75	0.75	Yes	☑		☐
64479	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial			2.29	2.29	Yes	☑		☐
64480	ZZZ	R	Sept 2019	EC-G	Somatic Nerves		Editorial			1.20	1.20	Yes	☑		☐
64483	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial			1.90	1.90	Yes	☑		☐
64484	ZZZ	R	Sept 2019	EC-G	Somatic Nerves		Editorial			1.00	1.00	Yes	☑		☐
69706	000	N	Sept 2019	26	Dilation of Eustachian Tube	R2	January 2020	15	AAOHNS	4.27	4.27		☑		☑
69705	000	N	Sept 2019	26	Dilation of Eustachian Tube	R1	January 2020	15	AAOHNS	3.00	3.00		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
71250	XXX	R	May 2019	12	Screening CT of Thorax	I1	October 2019	07	ACR	1.16	1.16	Yes	☑		☐
71260	XXX	R	May 2019	12	Screening CT of Thorax	I2	October 2019	07	ACR	1.24	1.24	Yes	☑		☐
71270	XXX	R	May 2019	12	Screening CT of Thorax	I3	October 2019	07	ACR	1.38	1.38	Yes	☑		☐
71271	XXX	N	May 2019	12	Screening CT of Thorax	I4	October 2019	07	ACR	1.19	1.16		☑		☑
74425	XXX	R	Sept 2019	27	Urography		Editorial			0.51	0.51	Yes	☑		☐
76145	XXX	N	May 2019	15	Medical Physics Dose Evaluation (PE Only)	J1	January 2020	16	ACC, ACR, SIR	0.00	0.00		☑	PE Only	☐
76510	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S1	January 2020	17	AAO, ASCRS, ASRS	0.70	0.70	Yes	☑		☐
76511	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S2	January 2020	17	AAO, ASCRS, ASRS	0.64	0.64	Yes	☑		☐
76512	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S3	January 2020	17	AAO, ASCRS, ASRS	0.56	0.56	Yes	☑		☐
76513	XXX	R	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S4	January 2020	17	AAO, ASCRS, ASRS	0.60	0.60		☑		☐
76514	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S5	January 2020	17	AAO, ASCRS, ASRS	0.14	0.14	Yes	☑		☐
81162	XXX	R	Sept 2019	EC-E	Lab BRCA		CLFS						☐		☐
81401	XXX	R	Sept 2019	30/36	Tier 1-NTRK		CLFS						☐		☐
81402	XXX	R	Sept 2019	33/35	Tier 2 to Tier 1-MPL		CLFS						☐		☐
81403	XXX	R	Sept 2019	33/34	Tier 2 to Tier 1-MPL		CLFS						☐		☐
81404	XXX	R	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						☐		☐
81405	XXX	R	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						☐		☐
81443	XXX	R	Sept 2019	EC-F	Lab GSP		CLFS						☐		☐
815X0	XXX	N	Sept 2019	39	MAAA Cutaneous Melanoma		CLFS						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
8X000	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						☐		☐
8X001	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						☐		☐
8X002	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						☐		☐
8X003	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						☐		☐
8X004	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						☐		☐
8X005	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						☐		☐
8X006	XXX	N	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						☐		☐
8X007	XXX	N	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						☐		☐
8X008	XXX	N	Sept 2019	34	Tier 2 to Tier 1-JAK2		CLFS						☐		☐
8X009	XXX	N	Sept 2019	35	Tier 2 to Tier 1-IGH@-BCL2		CLFS						☐		☐
8X010	XXX	N	Sept 2019	36	Tier 2 to Tier 1-CCND1-IGH		CLFS						☐		☐
8X020	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						☐		☐
8XX00	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						☐		☐
8XX01	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						☐		☐
8XX02	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						☐		☐
8XX03	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						☐		☐
903XX	XXX	N	Sept 2019	45	Rabies Immune Globulin		Vaccine						☐		☐
92227	XXX	R	May 2019	32	Remote Retinal Imaging	K1	October 2019	09	AAO, ASRS	0.00	0.00	Yes	☑		☑
92228	XXX	R	May 2019	32	Remote Retinal Imaging	K2	October 2019	09	AAO, ASRS	0.37	0.32		☑		☑
92229	XXX	N	May 2019	32	Remote Retinal Imaging	K3	October 2019	09	AAO, ASRS		0.00		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92584	XXX	F	Feb 2019	19	Auditory Evoked Potentials	C1	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.00	1.00		☑		☐
92585	XXX	D	Feb 2019	19	Auditory Evoked Potentials		April 2019	06	AAA, AAOHNS, ACNS, ASHA				☑		☐
92586	XXX	D	Feb 2019	19	Auditory Evoked Potentials		April 2019	06	AAA, AAOHNS, ACNS, ASHA				☑		☐
92517	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D1	April 2019	07	AAA, AAN, AAOHNS, ASHA	0.80	0.80		☑		☑
92518	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D2	April 2019	07	AAA, AAN, AAOHNS, ASHA	0.80	0.80		☑		☑
92519	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D3	April 2019	07	AAA, AAN, AAOHNS, ASHA	1.20	1.20		☑		☑
92992	090	D	Sept 2019	16	Atrial Septostomy		January 2020	13	ACC, SCAI				☑		☐
92993	090	D	Sept 2019	16	Atrial Septostomy		January 2020	13	ACC, SCAI				☑		☐
92650	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C2	April 2019	06	AAA, AAOHNS, ACNS, ASHA	0.25	0.25		☑		☐
92651	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C3	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.00	1.00		☑		☐
92652	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C4	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.50	1.50		☑		☐
92653	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C5	April 2019	06	AAA, AAN, AAOHNS, ACNS, ASHA	1.05	1.05		☑		☐
93224	XXX	F	Sept 2019	54	External ECG Monitoring	T1	January 2020	18	ACC, HRS	0.39	0.39		☑		☐
93225	XXX	F	Sept 2019	54	External ECG Monitoring	T2	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☐
93226	XXX	F	Sept 2019	54	External ECG Monitoring	T3	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☐
93227	XXX	F	Sept 2019	54	External ECG Monitoring	T4	January 2020	18	ACC, HRS	0.39	0.39		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93241	XXX	N	Sept 2019	54	External ECG Monitoring	T5	January 2020	18	ACC, HRS	0.50	0.50		☑		☑
93242	XXX	N	Sept 2019	54	External ECG Monitoring	T6	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☑
93243	XXX	N	Sept 2019	54	External ECG Monitoring	T7	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☑
93244	XXX	N	Sept 2019	54	External ECG Monitoring	T8	January 2020	18	ACC, HRS	0.50	0.50		☑		☑
93245	XXX	N	Sept 2019	54	External ECG Monitoring	T9	January 2020	18	ACC, HRS	0.55	0.55		☑		☑
93246	XXX	N	Sept 2019	54	External ECG Monitoring	T10	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☑
93247	XXX	N	Sept 2019	54	External ECG Monitoring	T11	January 2020	18	ACC, HRS	0.00	0.00		☑	PE Only	☑
93248	XXX	N	Sept 2019	54	External ECG Monitoring	T12	January 2020	18	ACC, HRS	0.55	0.55		☑		☑
94250	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						☑		☐
94400	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						☑		☐
94617	XXX	R	Feb 2019	21	Exercise Test for Bronchospasm	E1	October 2019	10	ATS, CHEST	0.70	0.70	Yes	☑		☐
94618	XXX	F	Feb 2019	21	Exercise Test of Bronchospasm	E3	October 2019	10	ATS, CHEST	0.48	0.48	Yes	☑		☐
94621	XXX	F	Feb 2019	21	Exercise Test of Bronchospasm	E4	October 2019	10	ATS, CHEST	1.42	1.42	Yes	☑		☐
94619	XXX	N	Feb 2019	21	Exercise Test for Bronchospasm	E2	October 2019	10	ATS, CHEST	0.49	0.49		☑		☐
94750	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						☑		☐
94770	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						☑		☐
99201	XXX	D	Feb 2019	06/07	Office Visits		April 2019	09					☑		☐
99202	XXX	R	Feb 2019	06/07	Office Visits	F1	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	1.00	0.93	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99203	XXX	R	Feb 2019	06/07	Office Visits	F2	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	1.60	1.60		☑		☐
99204	XXX	R	Feb 2019	06/07	Office Visits	F3	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	2.60	2.60		☑		☐
99205	XXX	R	Feb 2019	06/07	Office Visits	F4	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	3.50	3.50		☑		☐
99211	XXX	R	Feb 2019	06/07	Office Visits	F5	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	0.18	0.18	Yes	☑		☐
99212	XXX	R	Feb 2019	06/07	Office Visits	F6	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	0.75	0.70		☑		☐
99213	XXX	R	Feb 2019	06/07	Office Visits	F7	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	1.30	1.30		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99214	XXX	R	Feb 2019	06/07	Office Visits	F8	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	2.00	1.92		☑		☐
99215	XXX	R	Feb 2019	06/07	Office Visits	F9	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	2.80	2.80		☑		☐
99358	XXX	R	Sept 2019	EC-I	Prolonged Services	U1	January 2020	19	AAFP, ACP, AGS, ANA, AOA				☑	Refer to CPT	☐
99359	ZZZ	R	Sept 2019	EC-I	Prolonged Services	U2	January 2020	19	AAFP, ACP, AGS, ANA, AOA				☑	Refer to CPT	☐
99487	XXX	R	Sept 2019	05	Chronic Care Management	V4	January 2020	20	AAFP, ACP, AGS, ANA, AOA	1.00	1.00	Yes	☑	Affirm, Refer to CPT & Re-review	☐
99489	ZZZ	R	Sept 2019	05	Chronic Care Management	V5	January 2020	20	AAFP, ACP, AGS, ANA, AOA	0.50	0.50	Yes	☑	Affirm, Refer to CPT & Re-review	☐
99490	XXX	R	Sept 2019	05	Chronic Care Management	V1	January 2020	20	AAFP, ACP, AGS, ANA, AOA	0.61	0.61	Yes	☑	Affirm, Refer to CPT & Re-review	☐
99491	XXX	F	Sept 2019	05	Chronic Care Management	V3	January 2020	20	AAFP, ACP, AGS, ANA, AOA	1.45	1.45	Yes	☑	Affirm, Refer to CPT & Re-review	☐
99439	ZZZ	N	Sept 2019	05	Chronic Care Management	V2	January 2020	20	AAFP, ACP, AGS, ANA, AOA	0.54	0.54		☑	Refer to CPT & Re-review	☐
99417	XXX	N	Feb 2019	06/07	Office Visits	F10	April 2019	09	51 National Medical Societies and Other Healthcare Professional Organizations	0.75	0.61		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
G0248	XXX	D			INR Monitoring		January 2020						☑	RUC recommends code be deleted	☐
G0249	XXX	D			INR Monitoring		January 2020						☑	RUC recommends code be deleted	☐
G0250	XXX	D			INR Monitoring		January 2020						☑	RUC recommends code be deleted	☐
G0297	XXX	D	May 2019	12	Screening CT of Thorax		October 2019	07					☑	RUC recommends code be deleted	☐
G2058	XXX	D			Chronic Care Management		January 2020	20	AAFP, ACP, AGS, ANA, AOA				☑	RUC recommends code be deleted	☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes February 2020

CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS Final Rule Request	CMS/Other Source Utilization Over 20,000	High Volume Growth	New Tech/ New Service	Site of Service Anomaly
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	Fine Needle Aspiration	21	1.63	X				
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	Fine Needle Aspiration	21	1.20	X				
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Modified Radical Mastectomy	22	17.99					X
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	Closed Treatment Vertebral Fracture	23	3.45. Flag for Rereview					X
49565	Repair recurrent incisional or ventral hernia; reducible	Repair Recurrent Hernia	24	Refer to CPT May 2020					X
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	Percutaneous Nephrostolithotomy	25	Refer to CPT May 2020					X
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	Percutaneous Nephrostolithotomy	25	Refer to CPT May 2020					X
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	Colpopexy	26	13.51					X
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Colpopexy	26	13.48					X
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Laparoscopic Colopexy	27	18.02					X
70030	Radiologic examination, eye, for detection of foreign body	X-Ray of Eye	28	0.18		X			

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes February 2020

CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS Final Rule Request	CMS/Other Source Utilization Over 20,000	High Volume Growth	New Tech/ New Service	Site of Service Anomaly
75820	Venography, extremity, unilateral, radiological supervision and interpretation	Venography	29	1.05		X			
75822	Venography, extremity, bilateral, radiological supervision and interpretation	Venography	29	1.48		X			
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati	3D Rendering with Interpretation and Report	30	Refer to CPT May 2020	X				
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Radiation Treatement Delivery (PE Only)	31	New PE Inputs			X		
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	Liver Elastography	32	0.21				X	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Insertion/ Removal of Implantable Interstital Glucose Sensor System	33	Refer to CPT time uncertain	X				
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Insertion/ Removal of Implantable Interstital Glucose Sensor System	33	Refer to CPT time uncertain	X				
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Insertion/ Removal of Implantable Interstital Glucose Sensor System	33	Refer to CPT time uncertain	X				

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes February 2020

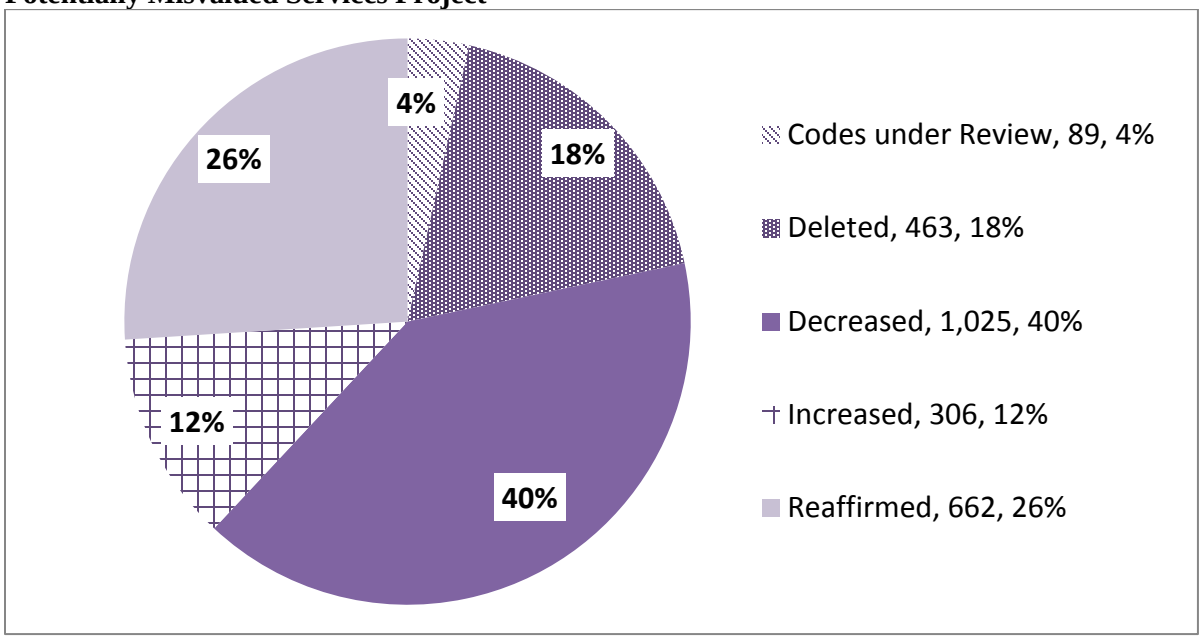
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS Final Rule Request	CMS/Other Source Utilization Over 20,000	High Volume Growth	New Tech/ New Service	Site of Service Anomaly
GPCX1	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient'	Visit Complexity E/M Add-On	34	No recommendation on physician work, time or PE. The RUC recommends CMS estimates of utilization for code GPC1X should be more conservative.	X				

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified more than 2,500 services through 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 2,545 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,488 services, redistributing $5 billion annually. Here are the outcomes for the committee's review of 2,545 codes:

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 676 services. In September 2010, the re-review cycle began and since then the RUC has recommended 48 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 214 services every October after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

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

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

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 10 services to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision and submitted seven recommendations for the 2021 Medicare Physician Payment Schedule.

High Volume Growth

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

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

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

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review three services after an additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 15 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 46 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted three services. The RUC submitted recommendations for 38 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC referred one service to CPT for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified. The RUC recommended removing two services from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted one code. The RUC referred one code to the CPT Editorial Panel for revision and submitted recommendations for seven services for the 2020-2021 Medicare Physician Payment Schedule.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred four codes to the CPT Editorial Panel for revision and will review one code after additional utilization data is available. The RUC submitted recommendations for one service for the 2021 Medicare Physician Payment Schedule and will review the remaining three service for the 2022 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

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

High IWPUT

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

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

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

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

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified, and the RUC referred them to the CPT Editorial Panel for revision and the CPT Assistant for education.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

In October 2015, the RUC reran this screen on Harvard valued services with 2014e Medicare utilization over 30,000. Seven services were identified and expanded to nine codes to include the family of services. The CPT Editorial Panel deleted two codes. The RUC submitted recommendations for 7 services for the 2018-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen on Harvard valued services with 2017e Medicare utilization over 30,000. One service was identified. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified. The RUC referred two services to the CPT Editorial Panel for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

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

CMS/Other

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

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

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

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

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The RUC referred one code to the CPT Editorial Panel for revision and the CPT Editorial Panel deleted another code. The RUC submitted recommendations for 13 services for the 2020-21 Medicare Physician Payment Schedules.

Utilization over 20,000
In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 10 to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision. CPT deleted two codes. The RUC removed one service from this screen and will review one service after additional utilization data is available. The RUC submitted recommendations for three services for the 2021 Medicare Physician Payment Schedule.

Bundled CPT® Services

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

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

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 153 total codes under review, the CPT® Editorial Panel deleted 50 services. The RUC has submitted 103 code recommendations for the 2014-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

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

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either

below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

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

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

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

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

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

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

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

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 30 codes. The RUC submitted 208 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

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

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000. The RUC submitted three recommendations for the 2021 Medicare Physician Payment Schedule and will submit the remaining two for the 2022 Medicare Physician Payment Schedule.

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

In October 2019, the identified three 090-day global period services more than six office visits based on 2018e Medicare utilization over 1,000. The RUC submitted recommendations for these three services for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

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

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

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

Contractor Priced with High Volume
In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The RUC expanded the services identified in this screen to seven to include additional codes as part of a family. The RUC referred two codes to the CPT Editorial Panel for deletion. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC will review the remaining service after two years of additional data is available.

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

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

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

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

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel

deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

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

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

Final Rule for 2019
In the Final Rule for 2019 the public and CMS nominated nine services as potentially misvalued, which was expanded to 12 services as part of the family. The CPT Editorial Panel deleted two services. The RUC will submit 10 recommendations for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Work Neutrality
For every CPT code recommendation and family, the RUC submits utilization assumptions based on the specialty societies estimate for the next year of Medicare utilization. Starting with CPT 2009, the Relativity Assessment Workgroup began assessing all services for work neutrality. In 2012, the RUC confirmed that the RUC and specialty societies work neutrality calculation expectation is a zero change target. However, if actual work RVUs turn out to be 10% or greater than the former work RVUs for the family, the family should undergo review by the Relativity Assessment Workgroup. Three code families have been identified for re-examination, one from CPT 2009, CPT 2011 and CPT 2012. Two families were determined to have correct utilization assumptions after re-evaluating the coding structure and initial assumptions. The CPT 2012 family went through revisions at the CPT Editorial Panel as well as extensive educational efforts were engaged. However, after continued examination this family will be resurveyed for the 2022 Medicare Physician Payment Schedule.

Three additional code families were identified for re-examination from CPT 2018. One family appears to possibly be due to miscoding. All three families will be re-examined after additional utilization data are available.

Other Issues
In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code. CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT® Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,545**
Codes Completed	**2,456**
Work and PE Maintained	662
Work Increased	306
Work Decreased	844
Direct Practice Expense Revised (beyond work changes)	181
Deleted from CPT®	463
Codes Under Review	**89**
Referred to CPT® Editorial Panel or CPT Assistant	54
RUC to Review for *CPT 2022*	16
RUC to review future review after additional data obtained	19

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

The RUC's efforts for 2009-2020 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2018 Medicare Utilization:** 31,817

2007 Work RVU: **2020 Work RVU:** 7.00
2007 NF PE RVU: **2020 NF PE RVU:** 0
2007 Fac PE RVU **2020 Fac PE RVU:** 0

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

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

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2018 Medicare Utilization:** 81,645

2007 Work RVU: 0.00 **2020 Work RVU:** 7.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.00

RUC Recommendation: Survey for April 2020 **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2018 Medicare Utilization:** 51,447

2007 Work RVU: 0.00 **2020 Work RVU:** 15.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.00

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

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

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2018 Medicare Utilization:** 1,233,551

2007 Work RVU: **2020 Work RVU:** 5.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2018 Medicare Utilization:** 102,367

2007 Work RVU: **2020 Work RVU:** 6.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 6 base units **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2016 **2018 Medicare Utilization:** 1,109,807

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 4 base units

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

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

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

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

First Identified: September 2016 **2018 Medicare Utilization:** 517,820

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 3 base units

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

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

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

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

First Identified: September 2016 **2018 Medicare Utilization:** 464,294

2007 Work RVU: **2020 Work RVU:** 5.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 5 base units

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

01916 **Anesthesia for diagnostic arteriography/venography**

Global: XXX **Issue:** **Screen:** High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 59,826

2007 Work RVU: 0.00 **2020 Work RVU:** 5.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.00

RUC Recommendation: Review action plan

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

Status Report: CMS Requests and Relativity Assessment Issues

0191T **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2018 Medicare Utilization:** 47,272

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** October 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2018 Medicare Utilization:** 18,686

2007 Work RVU: 0.00 **2020 Work RVU:** 5.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.00

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

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

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2018 Medicare Utilization:** 298,524

2007 Work RVU: **2020 Work RVU:** 5.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

0275T **Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar**

Global: YYY **Issue:** **Screen:** High Volume Category III Codes **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 1,708

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

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

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

0376T **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2018 Medicare Utilization:** 3,601

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** October 2020 **Result:**

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

0379T **Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 45,686

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Review in 3 years (Oct 2023) **Referred to CPT** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

0394T **High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 33,047

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Review in 3 years (Oct 2023)

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

0446T **Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training**

Global: YYY **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Refer to CPT time uncertain

Referred to CPT Time uncertain **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

0447T **Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision**

Global: YYY **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Refer to CPT time uncertain

Referred to CPT Time uncertain **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

0448T **Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation**

Global: YYY **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 33 **Specialty Developing Recommendation:** AACE, ES

First Identified: November 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Refer to CPT time uncertain

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

Result:

0449T **Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device**

Global: YYY **Issue:** **Screen:** High Volume Category III Codes **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 5,366

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Maintain

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

Result: Maintain

0474T **Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 9,211

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.80

2007 NF PE RVU: **2020 NF PE RVU:** 0.57

2007 Fac PE RVU **2020 Fac PE RVU:** 0.34

RUC Recommendation: 0.80

Referred to CPT

Result: Decrease

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

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.46

2007 NF PE RVU: **2020 NF PE RVU:** 2.08

2007 Fac PE RVU **2020 Fac PE RVU:** 0.48

RUC Recommendation: 1.63

Referred to CPT

Result: Decrease

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

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

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

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

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.61

2007 Fac PE RVU **2020 Fac PE RVU:** 0.33

RUC Recommendation: 1.00

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: **2020 Work RVU:** 1.81
2007 NF PE RVU: **2020 NF PE RVU:** 6.44
2007 Fac PE RVU **2020 Fac PE RVU:** 0.70

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

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

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

2007 Work RVU: **2020 Work RVU:** 1.18
2007 NF PE RVU: **2020 NF PE RVU:** 3.49
2007 Fac PE RVU **2020 Fac PE RVU:** 0.46

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

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

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

2007 Work RVU: **2020 Work RVU:** 2.26
2007 NF PE RVU: **2020 NF PE RVU:** 10.84
2007 Fac PE RVU **2020 Fac PE RVU:** 0.80

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.65

2007 NF PE RVU: **2020 NF PE RVU:** 6.22

2007 Fac PE RVU **2020 Fac PE RVU:** 0.58

RUC Recommendation: 1.65

Referred to CPT

Result: Decrease

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

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

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

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

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price

Referred to CPT

Result: Contractor Price

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

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

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

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

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price

Referred to CPT

Result: Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2018 Medicare Utilization:** 20,026

2007 Work RVU: 1.27 **2020 Work RVU:** 1.03
2007 NF PE RVU: 2.14 **2020 NF PE RVU:** 1.64
2007 Fac PE RVU 0.5 **2020 Fac PE RVU:**0.44

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

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

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

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2018 Medicare Utilization:** 185,507

2007 Work RVU: 1.27 **2020 Work RVU:**
2007 NF PE RVU: 2.41 **2020 NF PE RVU:**
2007 Fac PE RVU 0.4 **2020 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2018 Medicare Utilization:** 8,456

2007 Work RVU: **2020 Work RVU:** 2.75
2007 NF PE RVU: **2020 NF PE RVU:** 14.52
2007 Fac PE RVU **2020 Fac PE RVU:**0.97

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2016 **Tab** 13 **Specialty Developing Recommendation:** AAD

First Identified: October 2015 **2018 Medicare Utilization:** 38,907

2007 Work RVU: 1.19 **2020 Work RVU:** 0.91
2007 NF PE RVU: 1.09 **2020 NF PE RVU:** 2.11
2007 Fac PE RVU 0.84 **2020 Fac PE RVU:** 0.53

RUC Recommendation: 0.91

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

Result: Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010 **2018 Medicare Utilization:** 389,506

2007 Work RVU: 1.19 **2020 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2020 NF PE RVU:** 2.09
2007 Fac PE RVU 0.97 **2020 Fac PE RVU:** 1.52

RUC Recommendation: 1.50

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

Result: Increase

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

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** APMA

First Identified: October 2009 **2018 Medicare Utilization:** 144,510

2007 Work RVU: 2.42 **2020 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2020 NF PE RVU:** 3.20
2007 Fac PE RVU 1.51 **2020 Fac PE RVU:** 2.44

RUC Recommendation: Maintain. 2.45

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2018 Medicare Utilization:** 42,574

2007 Work RVU: 1.23 **2020 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2020 NF PE RVU:** 2.96
2007 Fac PE RVU 0.97 **2020 Fac PE RVU:** 1.59

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

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

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2018 Medicare Utilization:** 10,661

2007 Work RVU: 2.27 **2020 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2020 NF PE RVU:** 4.51
2007 Fac PE RVU 1.94 **2020 Fac PE RVU:** 2.32

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 0.56 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 0.60 **2020 Work RVU:**
2007 NF PE RVU: 0.68 **2020 NF PE RVU:**
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 Medicare Utilization:** 1,899,425

2007 Work RVU: 0.80 **2020 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2020 NF PE RVU:** 2.44
2007 Fac PE RVU 0.39 **2020 Fac PE RVU:**0.62

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 Medicare Utilization:** 407,221

2007 Work RVU: 3.04 **2020 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2020 NF PE RVU:** 3.52
2007 Fac PE RVU 2.62 **2020 Fac PE RVU:**1.35

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 Medicare Utilization:** 85,006

2007 Work RVU: 4.11 **2020 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2020 NF PE RVU:** 4.22
2007 Fac PE RVU 3.73 **2020 Fac PE RVU:**1.82

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 490,595

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.60
2007 Fac PE RVU **2020 Fac PE RVU:**0.18

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 233,130

2007 Work RVU: **2020 Work RVU:** 1.03
2007 NF PE RVU: **2020 NF PE RVU:** 0.90
2007 Fac PE RVU **2020 Fac PE RVU:** 0.40

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

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

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 64,925

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 1.38
2007 Fac PE RVU **2020 Fac PE RVU:** 0.71

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2018 Medicare Utilization:** 909,887

2007 Work RVU: 0.43 **2020 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 1.40
2007 Fac PE RVU 0.16 **2020 Fac PE RVU:** 0.08

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2010 **2018 Medicare Utilization:** 2,050,064

2007 Work RVU: 0.61 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2020 NF PE RVU:** 1.55
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:**0.12

RUC Recommendation: 0.50

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

Result: Decrease

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

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

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

First Identified: November 2011 **2018 Medicare Utilization:** 356,201

2007 Work RVU: 0.79 **2020 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2020 NF PE RVU:** 1.61
2007 Fac PE RVU 0.28 **2020 Fac PE RVU:**0.15

RUC Recommendation: Maintain

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

Result: Maintain

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

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

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

First Identified: October 2010 **2018 Medicare Utilization:** 3,581,719

2007 Work RVU: 0.81 **2020 Work RVU:**
2007 NF PE RVU: 1.41 **2020 NF PE RVU:**
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2018 Medicare Utilization:** 1,493,005

2007 Work RVU: 0.41 **2020 Work RVU:**
2007 NF PE RVU: 0.35 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

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

11102 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.66
2007 NF PE RVU: **2020 NF PE RVU:** 2.10
2007 Fac PE RVU **2020 Fac PE RVU:** 0.38

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

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.38
2007 NF PE RVU: **2020 NF PE RVU:** 1.08
2007 Fac PE RVU **2020 Fac PE RVU:** 0.22

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.83
2007 NF PE RVU: **2020 NF PE RVU:** 2.65
2007 Fac PE RVU **2020 Fac PE RVU:** 0.48

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.45
2007 NF PE RVU: **2020 NF PE RVU:** 1.22
2007 Fac PE RVU **2020 Fac PE RVU:** 0.26

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.01
2007 NF PE RVU: **2020 NF PE RVU:** 3.22
2007 Fac PE RVU **2020 Fac PE RVU:** 0.59

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: February 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.54
2007 NF PE RVU: **2020 NF PE RVU:** 1.45
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

RUC Recommendation: 0.54

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

Result: Decrease

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

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

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

First Identified: January 2012 **2018 Medicare Utilization:** 96,116

2007 Work RVU: 0.51 **2020 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2020 NF PE RVU:** 2.18
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:** 0.33

RUC Recommendation: 0.60

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

Result: Increase

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

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

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

First Identified: January 2012 **2018 Medicare Utilization:** 189,691

2007 Work RVU: 0.85 **2020 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2020 NF PE RVU:** 2.46
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:** 0.51

RUC Recommendation: 0.90

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 109,587

2007 Work RVU: 1.05 **2020 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2020 NF PE RVU:** 2.83
2007 Fac PE RVU 0.47 **2020 Fac PE RVU:**0.60

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 16,079

2007 Work RVU: 1.24 **2020 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2020 NF PE RVU:** 3.02
2007 Fac PE RVU 0.53 **2020 Fac PE RVU:**0.70

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 103,301

2007 Work RVU: 0.67 **2020 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2020 NF PE RVU:** 2.11
2007 Fac PE RVU 0.26 **2020 Fac PE RVU:**0.25

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 100,046

2007 Work RVU: 0.99 **2020 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2020 NF PE RVU:** 2.45
2007 Fac PE RVU 0.41 **2020 Fac PE RVU:**0.40

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 49,671

2007 Work RVU: 1.14 **2020 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2020 NF PE RVU:** 2.78
2007 Fac PE RVU 0.49 **2020 Fac PE RVU:**0.56

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 13,188

2007 Work RVU: 1.41 **2020 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2020 NF PE RVU:** 2.79
2007 Fac PE RVU 0.58 **2020 Fac PE RVU:**0.53

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 72,613

2007 Work RVU: 0.73 **2020 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2020 NF PE RVU:** 2.40
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**0.45

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 97,473

2007 Work RVU: 1.05 **2020 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2020 NF PE RVU:** 2.69
2007 Fac PE RVU 0.49 **2020 Fac PE RVU:**0.62

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2018 Medicare Utilization:** 45,560

2007 Work RVU: 1.20 **2020 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2020 NF PE RVU:** 3.08
2007 Fac PE RVU 0.56 **2020 Fac PE RVU:**0.74

RUC Recommendation: 1.80

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

Result: Increase

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

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

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

First Identified: January 2012 **2018 Medicare Utilization:** 8,026

2007 Work RVU: 1.62 **2020 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2020 NF PE RVU:** 3.41
2007 Fac PE RVU 0.73 **2020 Fac PE RVU:**0.96

RUC Recommendation: 2.00

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

Result: Increase

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

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

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

First Identified: October 2010 **2018 Medicare Utilization:** 905,715

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2020 NF PE RVU:** 0.22
2007 Fac PE RVU 0.07 **2020 Fac PE RVU:**0.04

RUC Recommendation: 0.17

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

Result: Maintain

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

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

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

First Identified: Septemer 2011 **2018 Medicare Utilization:** 2,098,641

2007 Work RVU: 0.32 **2020 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2020 NF PE RVU:** 0.58
2007 Fac PE RVU 0.11 **2020 Fac PE RVU:**0.07

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2018 Medicare Utilization:** 7,064,241

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2020 NF PE RVU:** 0.70
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**0.13

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

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

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2018 Medicare Utilization:** 408,712

2007 Work RVU: 1.10 **2020 Work RVU:** 1.05
2007 NF PE RVU: 1.11 **2020 NF PE RVU:** 2.00
2007 Fac PE RVU 0.4 **2020 Fac PE RVU:**0.43

RUC Recommendation: 1.10

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

Result: Maintain

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

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

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:** 200,728

2007 Work RVU: 2.40 **2020 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2020 NF PE RVU:** 2.75
2007 Fac PE RVU 1.79 **2020 Fac PE RVU:**1.21

RUC Recommendation: 1.99

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

Result: Decrease

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

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

Most Recent RUC Meeting: January 2015 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 3.48 **2020 Work RVU:**
2007 NF PE RVU: 3.28 **2020 NF PE RVU:**
2007 Fac PE RVU 2.95 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: July 2016

2018 Medicare Utilization: 65,791

2007 Work RVU: 1.31 **2020 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2020 NF PE RVU:** 2.13
2007 Fac PE RVU 0.77 **2020 Fac PE RVU:**0.44

RUC Recommendation: 1.25

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

Result: Decrease

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

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

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

First Identified: October 2009

2018 Medicare Utilization: 247,633

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2020 NF PE RVU:** 0.99
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:**0.30

RUC Recommendation: 0.52

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

Result: Maintain

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

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

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

First Identified: February 2010

2018 Medicare Utilization: 70,690

2007 Work RVU: 0.80 **2020 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2020 NF PE RVU:** 1.08
2007 Fac PE RVU 0.37 **2020 Fac PE RVU:**0.47

RUC Recommendation: 0.80

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** April 2013 **2018 Medicare Utilization:** 33,152

2007 Work RVU: 1.48 **2020 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2020 NF PE RVU:** 1.46
2007 Fac PE RVU 0.55 **2020 Fac PE RVU:** 0.38

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

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2018 Medicare Utilization:** 13,123

2007 Work RVU: 1.48 **2020 Work RVU:** 1.14
2007 NF PE RVU: 1.76 **2020 NF PE RVU:** 1.60
2007 Fac PE RVU 0.66 **2020 Fac PE RVU:** 0.50

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

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2018 Medicare Utilization:** 4,362

2007 Work RVU: 1.78 **2020 Work RVU:** 1.34
2007 NF PE RVU: 1.97 **2020 NF PE RVU:** 1.77
2007 Fac PE RVU 0.81 **2020 Fac PE RVU:** 0.60

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2018 Medicare Utilization:** 2,388

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

2007 Work RVU: 3.30 **2020 Work RVU:** 1.91
2007 NF PE RVU: 2.38 **2020 NF PE RVU:** 1.93
2007 Fac PE RVU 1.44 **2020 Fac PE RVU:** 0.79
Result: Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2018 Medicare Utilization:** 189,475

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.72 **2020 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2020 NF PE RVU:** 1.59
2007 Fac PE RVU 0.76 **2020 Fac PE RVU:** 0.31
Result: Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2018 Medicare Utilization:** 145,909

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

2007 Work RVU: 1.88 **2020 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2020 NF PE RVU:** 1.80
2007 Fac PE RVU 0.89 **2020 Fac PE RVU:** 0.37
Result: Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 22,841

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

2007 Work RVU: 2.26 **2020 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2020 NF PE RVU:** 1.98
2007 Fac PE RVU 0.99 **2020 Fac PE RVU:** 0.44
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 6,164

2007 Work RVU: 2.88 **2020 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2020 NF PE RVU:** 2.53
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:**0.45

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 1,175

2007 Work RVU: 3.68 **2020 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2020 NF PE RVU:** 2.91
2007 Fac PE RVU 1.46 **2020 Fac PE RVU:**0.58

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 391

2007 Work RVU: 4.13 **2020 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2020 NF PE RVU:** 3.14
2007 Fac PE RVU 1.73 **2020 Fac PE RVU:**0.79

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 92,536

2007 Work RVU: 1.78 **2020 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2020 NF PE RVU:** 1.87
2007 Fac PE RVU 0.78 **2020 Fac PE RVU:**0.35

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 52,101

2007 Work RVU: 2.01 **2020 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2020 NF PE RVU:** 1.83
2007 Fac PE RVU 0.92 **2020 Fac PE RVU:**0.26

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 6,825

2007 Work RVU: 2.48 **2020 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2020 NF PE RVU:** 2.13
2007 Fac PE RVU 1.04 **2020 Fac PE RVU:**0.33

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 3,462

2007 Work RVU: 3.21 **2020 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2020 NF PE RVU:** 2.48
2007 Fac PE RVU 1.22 **2020 Fac PE RVU:**0.42

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 489

2007 Work RVU: 3.94 **2020 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2020 NF PE RVU:** 2.96
2007 Fac PE RVU 1.47 **2020 Fac PE RVU:**0.57

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 69

2007 Work RVU: 4.72 **2020 Work RVU:** 3.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2020 Fac PE RVU:**0.67

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2018 Medicare Utilization:** 26

2007 Work RVU: 5.54 **2020 Work RVU:** 3.61
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2020 Fac PE RVU:**0.74

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 61,307

2007 Work RVU: 2.17 **2020 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2020 NF PE RVU:** 4.91
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:**2.10

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2009 **2018 Medicare Utilization:** 266,795

2007 Work RVU: 2.49 **2020 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2020 NF PE RVU:** 5.80
2007 Fac PE RVU 1.92 **2020 Fac PE RVU:**2.67

RUC Recommendation: 2.52

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

Result: Maintain

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

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

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

First Identified: February 2010 **2018 Medicare Utilization:** 25,271

2007 Work RVU: 2.94 **2020 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2020 NF PE RVU:** 5.86
2007 Fac PE RVU 1.59 **2020 Fac PE RVU:**2.53

RUC Recommendation: 2.97

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

Result: Maintain

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

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

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

First Identified: February 2010 **2018 Medicare Utilization:** 4,927

2007 Work RVU: 3.44 **2020 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2020 NF PE RVU:** 6.91
2007 Fac PE RVU 2.14 **2020 Fac PE RVU:**2.82

RUC Recommendation: 3.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 1,057

2007 Work RVU: 4.06 **2020 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2020 NF PE RVU:** 7.27
2007 Fac PE RVU 2.47 **2020 Fac PE RVU:**3.08

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 527

2007 Work RVU: 4.68 **2020 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2020 NF PE RVU:** 7.99
2007 Fac PE RVU 2.88 **2020 Fac PE RVU:**3.51

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 20,109

2007 Work RVU: 2.39 **2020 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2020 NF PE RVU:** 4.82
2007 Fac PE RVU 1.29 **2020 Fac PE RVU:**1.85

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 50,441

2007 Work RVU: 2.76 **2020 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2020 NF PE RVU:** 5.44
2007 Fac PE RVU 1.63 **2020 Fac PE RVU:**2.54

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 2,258

2007 Work RVU: 3.16 **2020 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2020 NF PE RVU:** 6.95
2007 Fac PE RVU 1.69 **2020 Fac PE RVU:**2.51

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 387

2007 Work RVU: 3.65 **2020 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2020 NF PE RVU:** 7.24
2007 Fac PE RVU 2.23 **2020 Fac PE RVU:**3.37

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 87

2007 Work RVU: 4.26 **2020 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2020 NF PE RVU:** 8.71
2007 Fac PE RVU 2.64 **2020 Fac PE RVU:**3.74

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 45

2007 Work RVU: 4.66 **2020 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2020 NF PE RVU:** 9.27
2007 Fac PE RVU 2.95 **2020 Fac PE RVU:**3.97

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 54,685

2007 Work RVU: 2.49 **2020 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2020 NF PE RVU:** 5.12
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**2.24

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 74,682

2007 Work RVU: 2.81 **2020 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2020 NF PE RVU:** 5.48
2007 Fac PE RVU 1.72 **2020 Fac PE RVU:**2.55

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 8,960

2007 Work RVU: 3.14 **2020 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2020 NF PE RVU:** 6.58
2007 Fac PE RVU 1.68 **2020 Fac PE RVU:**2.62

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 2,622

2007 Work RVU: 3.47 **2020 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2020 NF PE RVU:** 6.68
2007 Fac PE RVU 1.74 **2020 Fac PE RVU:**2.31

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 299

2007 Work RVU: 4.44 **2020 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2020 NF PE RVU:** 8.63
2007 Fac PE RVU 2.13 **2020 Fac PE RVU:**3.37

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 50

2007 Work RVU: 5.25 **2020 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2020 NF PE RVU:** 10.12
2007 Fac PE RVU 2.89 **2020 Fac PE RVU:**4.88

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2018 Medicare Utilization:** 33

2007 Work RVU: 5.97 **2020 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2020 NF PE RVU:** 10.32
2007 Fac PE RVU 3.53 **2020 Fac PE RVU:**5.23

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2018 Medicare Utilization:** 6,087

2007 Work RVU: 3.14 **2020 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2020 NF PE RVU:** 6.37
2007 Fac PE RVU 2.35 **2020 Fac PE RVU:**2.46

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2018 Medicare Utilization:** 95,310

2007 Work RVU: 3.93 **2020 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2020 NF PE RVU:** 7.52
2007 Fac PE RVU 2.77 **2020 Fac PE RVU:**3.25

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2018 Medicare Utilization:** 24,538

2007 Work RVU: 1.24 **2020 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2020 NF PE RVU:** 2.01
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:**0.68

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

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2018 Medicare Utilization:** 11,879

2007 Work RVU: 3.32 **2020 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2020 NF PE RVU:** 6.53
2007 Fac PE RVU 2.41 **2020 Fac PE RVU:**3.07

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2018 Medicare Utilization:** 191,235

2007 Work RVU: 4.36 **2020 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2020 NF PE RVU:** 7.81
2007 Fac PE RVU 3.02 **2020 Fac PE RVU:**3.07

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

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

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

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2018 Medicare Utilization:** 29,265

2007 Work RVU: 1.44 **2020 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2020 NF PE RVU:** 2.11
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**0.79

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 40,378

2007 Work RVU: 3.80 **2020 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2020 NF PE RVU:** 6.95
2007 Fac PE RVU 2.74 **2020 Fac PE RVU:**2.88

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2018 Medicare Utilization:** 289,662

2007 Work RVU: 6.48 **2020 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2020 NF PE RVU:** 8.30
2007 Fac PE RVU 4.38 **2020 Fac PE RVU:** 3.52

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2018 Medicare Utilization:** 16,319

2007 Work RVU: 2.19 **2020 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2020 NF PE RVU:** 2.52
2007 Fac PE RVU 1.02 **2020 Fac PE RVU:** 1.23

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 3.82 **2020 Work RVU:**
2007 NF PE RVU: 4.83 **2020 NF PE RVU:**
2007 Fac PE RVU 2.76 **2020 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2018 Medicare Utilization:** 33,533

2007 Work RVU: 4.46 **2020 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2020 NF PE RVU:** 7.28
2007 Fac PE RVU 3.17 **2020 Fac PE RVU:** 3.24

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 53,235

2007 Work RVU: 6.34 **2020 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2020 NF PE RVU:** 8.44
2007 Fac PE RVU 4.03 **2020 Fac PE RVU:** 3.82

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2018 Medicare Utilization:** 966

2007 Work RVU: 2.38 **2020 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2020 NF PE RVU:** 2.73
2007 Fac PE RVU 1.11 **2020 Fac PE RVU:** 1.30

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less**

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2018 Medicare Utilization:** 8,131

2007 Work RVU: 6.83 **2020 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2020 NF PE RVU:** 10.49
2007 Fac PE RVU 5.63 **2020 Fac PE RVU:** 6.90

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 9,578

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

2007 Work RVU: 9.60 **2020 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2020 NF PE RVU:** 12.52
2007 Fac PE RVU 7.22 **2020 Fac PE RVU:**8.26
Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2018 Medicare Utilization:** 18,772

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

2007 Work RVU: 7.66 **2020 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2020 NF PE RVU:** 11.65
2007 Fac PE RVU 6.64 **2020 Fac PE RVU:**7.90
Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 18,866

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

2007 Work RVU: 11.18 **2020 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2020 NF PE RVU:** 13.67
2007 Fac PE RVU 8.41 **2020 Fac PE RVU:**9.33
Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2018 Medicare Utilization:** 68,052

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

2007 Work RVU: 8.44 **2020 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2020 NF PE RVU:** 11.95
2007 Fac PE RVU 7.17 **2020 Fac PE RVU:**8.22
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 43,600

2007 Work RVU: 12.67 **2020 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2020 NF PE RVU:** 14.32
2007 Fac PE RVU 8.88 **2020 Fac PE RVU:** 9.81

RUC Recommendation: 10.63

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

Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2018 Medicare Utilization:** 90,426

2007 Work RVU: 9.07 **2020 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2020 NF PE RVU:** 11.63
2007 Fac PE RVU 7.39 **2020 Fac PE RVU:** 8.73

RUC Recommendation: Maintain

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

Result: Maintain

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 29,673

2007 Work RVU: 13.67 **2020 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2020 NF PE RVU:** 15.61
2007 Fac PE RVU 9.72 **2020 Fac PE RVU:** 10.66

RUC Recommendation: 11.25

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

Result: Decrease

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 13.26 **2020 Work RVU:**
2007 NF PE RVU: 11.77 **2020 NF PE RVU:**
2007 Fac PE RVU 9.28 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 35,479

2007 Work RVU: **2020 Work RVU:** 12.65
2007 NF PE RVU: **2020 NF PE RVU:** 16.35
2007 Fac PE RVU **2020 Fac PE RVU:** 10.50

RUC Recommendation: 12.47

Referred to CPT February 2009 **Result:** Decrease

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

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

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 39,624

2007 Work RVU: **2020 Work RVU:** 3.73
2007 NF PE RVU: **2020 NF PE RVU:** 1.96
2007 Fac PE RVU **2020 Fac PE RVU:** 1.96

RUC Recommendation: 3.73

Referred to CPT February 2009 **Result:** Decrease

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

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

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

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

First Identified: January 2014 **2018 Medicare Utilization:** 22,856

2007 Work RVU: 3.65 **2020 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2020 NF PE RVU:** 5.75
2007 Fac PE RVU 1.65 **2020 Fac PE RVU:** 2.16

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

Referred to CPT **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2018 Medicare Utilization:** 30,481

2007 Work RVU: 4.58 **2020 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2020 NF PE RVU:** 6.24
2007 Fac PE RVU 1.97 **2020 Fac PE RVU:**2.45

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

Referred to CPT

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

Result: Maintain

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2018 Medicare Utilization:** 14,749

2007 Work RVU: 9.74 **2020 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2020 NF PE RVU:** 13.06
2007 Fac PE RVU 7.57 **2020 Fac PE RVU:**8.81

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

Referred to CPT

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

Result: Maintain

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 9,926

2007 Work RVU: 10.96 **2020 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2020 NF PE RVU:** 12.60
2007 Fac PE RVU 7.71 **2020 Fac PE RVU:**8.19

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 5.99 **2020 Work RVU:**
2007 NF PE RVU: 3.79 **2020 NF PE RVU:**
2007 Fac PE RVU 2.37 **2020 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.55 **2020 Work RVU:**
2007 NF PE RVU: 0.68 **2020 NF PE RVU:**
2007 Fac PE RVU 0.6 **2020 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 7.99 **2020 Work RVU:**
2007 NF PE RVU: 5.4 **2020 NF PE RVU:**
2007 Fac PE RVU 3.96 **2020 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 2.45 **2020 Work RVU:**
2007 NF PE RVU: 1.1 **2020 NF PE RVU:**
2007 Fac PE RVU 0.95 **2020 Fac PE RVU:**

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

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 9,583

2007 Work RVU: 7.95 **2020 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2020 NF PE RVU:** 12.78
2007 Fac PE RVU 6.69 **2020 Fac PE RVU:**8.28

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2018 Medicare Utilization:** 13,371

2007 Work RVU: 10.15 **2020 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2020 NF PE RVU:** 14.78
2007 Fac PE RVU 8.2 **2020 Fac PE RVU:**10.99

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

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 115,385

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 2.56
2007 Fac PE RVU **2020 Fac PE RVU:** 0.72

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 13,361

2007 Work RVU: **2020 Work RVU:** 0.33
2007 NF PE RVU: **2020 NF PE RVU:** 0.36
2007 Fac PE RVU **2020 Fac PE RVU:** 0.12

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 5,557

2007 Work RVU: **2020 Work RVU:** 3.50
2007 NF PE RVU: **2020 NF PE RVU:** 4.80
2007 Fac PE RVU **2020 Fac PE RVU:** 1.69

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 31,042

2007 Work RVU: **2020 Work RVU:** 0.80
2007 NF PE RVU: **2020 NF PE RVU:** 1.30
2007 Fac PE RVU **2020 Fac PE RVU:** 0.36

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 128,802

2007 Work RVU: **2020 Work RVU:** 1.83
2007 NF PE RVU: **2020 NF PE RVU:** 2.46
2007 Fac PE RVU **2020 Fac PE RVU:** 0.73

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 5,788

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.40
2007 Fac PE RVU **2020 Fac PE RVU:** 0.17

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 1,746

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** 5.09
2007 Fac PE RVU **2020 Fac PE RVU:** 1.90

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 3,477

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.46
2007 Fac PE RVU **2020 Fac PE RVU:** 0.46

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

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 5.36 **2020 Work RVU:**
2007 NF PE RVU: 3.66 **2020 NF PE RVU:**
2007 Fac PE RVU 2.49 **2020 Fac PE RVU:**

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

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15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.50 **2020 Work RVU:**
2007 NF PE RVU: 0.69 **2020 NF PE RVU:**
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 3.99 **2020 Work RVU:**
2007 NF PE RVU: 3.18 **2020 NF PE RVU:**
2007 Fac PE RVU 2.15 **2020 Fac PE RVU:**

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.00 **2020 Work RVU:**
2007 NF PE RVU: 0.46 **2020 NF PE RVU:**
2007 Fac PE RVU 0.39 **2020 Fac PE RVU:**

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 4.50 **2020 Work RVU:**
2007 NF PE RVU: 3.46 **2020 NF PE RVU:**
2007 Fac PE RVU 2.35 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.43 **2020 Work RVU:**
2007 NF PE RVU: 0.7 **2020 NF PE RVU:**
2007 Fac PE RVU 0.55 **2020 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 3.93 **2020 Work RVU:**
2007 NF PE RVU: 4.47 **2020 NF PE RVU:**
2007 Fac PE RVU 3.13 **2020 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.15 **2020 Work RVU:**
2007 NF PE RVU: 0.58 **2020 NF PE RVU:**
2007 Fac PE RVU 0.44 **2020 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 4.21 **2020 Work RVU:**
2007 NF PE RVU: 4.5 **2020 NF PE RVU:**
2007 Fac PE RVU 3.2 **2020 Fac PE RVU:**

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

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15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.45 **2020 Work RVU:**
2007 NF PE RVU: 0.7 **2020 NF PE RVU:**
2007 Fac PE RVU 0.56 **2020 Fac PE RVU:**

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

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 4.38 **2020 Work RVU:**
2007 NF PE RVU: 4.25 **2020 NF PE RVU:**
2007 Fac PE RVU 3.95 **2020 Fac PE RVU:**

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

15401 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.00 **2020 Work RVU:**
2007 NF PE RVU: 1.67 **2020 NF PE RVU:**
2007 Fac PE RVU 0.42 **2020 Fac PE RVU:**

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

15420 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 4.89 **2020 Work RVU:**
2007 NF PE RVU: 4.86 **2020 NF PE RVU:**
2007 Fac PE RVU 3.83 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.50 **2020 Work RVU:**
2007 NF PE RVU: 1.29 **2020 NF PE RVU:**
2007 Fac PE RVU 0.6 **2020 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 324

2007 Work RVU: 10.00 **2020 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2020 NF PE RVU:** 14.15
2007 Fac PE RVU 6.71 **2020 Fac PE RVU:**9.10

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2018 Medicare Utilization:** 769

2007 Work RVU: 9.94 **2020 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2020 NF PE RVU:** 13.49
2007 Fac PE RVU 6.53 **2020 Fac PE RVU:**9.46

RUC Recommendation: 9.94 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,642

2007 Work RVU: 10.52 **2020 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2020 NF PE RVU:** 13.46
2007 Fac PE RVU 7.6 **2020 Fac PE RVU:**9.33

RUC Recommendation: 10.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,227

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

2007 Work RVU: 9.24 **2020 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2020 NF PE RVU:** 12.23
2007 Fac PE RVU 6.81 **2020 Fac PE RVU:**8.41
Result: Maintain

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

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

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2018 Medicare Utilization:** 1,534

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

2007 Work RVU: **2020 Work RVU:** 13.50
2007 NF PE RVU: **2020 NF PE RVU:** 27.69
2007 Fac PE RVU **2020 Fac PE RVU:**11.12
Result: Decrease

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

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

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2018 Medicare Utilization:** 2,290

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

2007 Work RVU: 14.12 **2020 Work RVU:** 14.38
2007 NF PE RVU: 12.13 **2020 NF PE RVU:** 15.63
2007 Fac PE RVU 9.56 **2020 Fac PE RVU:**12.21
Result: Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 19.70 **2020 Work RVU:**
2007 NF PE RVU: 17.27 **2020 NF PE RVU:**
2007 Fac PE RVU 12.01 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

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

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

First Identified: January 2017 **2018 Medicare Utilization:** 6,504

2007 Work RVU: **2020 Work RVU:** 15.68
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 11.99

RUC Recommendation: 15.68

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

Result: Decrease

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:**

First Identified: October 2015 **2018 Medicare Utilization:** 24,900

2007 Work RVU: 19.62 **2020 Work RVU:** 23.00
2007 NF PE RVU: 17.58 **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.32 **2020 Fac PE RVU:** 15.90

RUC Recommendation: 23.00

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2018 Medicare Utilization:** 1,691

2007 Work RVU: 16.92 **2020 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.96 **2020 Fac PE RVU:** 15.08

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain

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

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2018 Medicare Utilization:** 6,738

2007 Work RVU: 18.92 **2020 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.45 **2020 Fac PE RVU:** 14.87

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,197

2007 Work RVU: 11.57 **2020 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2020 NF PE RVU:** 15.18
2007 Fac PE RVU 8.58 **2020 Fac PE RVU:** 10.54

RUC Recommendation: 11.57 **Referred to CPT** February 2009 & February 2012 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 6.68
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 6.04

RUC Recommendation: 6.68. Flagged for RAW review April 2022.

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

15771 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 6.73
2007 NF PE RVU: **2020 NF PE RVU:** 8.67
2007 Fac PE RVU **2020 Fac PE RVU:** 5.88

RUC Recommendation: 6.73

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

15772 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 2.29
2007 Fac PE RVU **2020 Fac PE RVU:** 1.14

RUC Recommendation: 2.50

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

Status Report: CMS Requests and Relativity Assessment Issues

15773 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 6.83
2007 NF PE RVU: **2020 NF PE RVU:** 8.72
2007 Fac PE RVU **2020 Fac PE RVU:** 5.93

RUC Recommendation: 6.83 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

15774 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.41
2007 NF PE RVU: **2020 NF PE RVU:** 2.25
2007 Fac PE RVU **2020 Fac PE RVU:** 1.10

RUC Recommendation: 2.41 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2018 Medicare Utilization:** 8,842

2007 Work RVU: **2020 Work RVU:** 3.65
2007 NF PE RVU: **2020 NF PE RVU:** 1.96
2007 Fac PE RVU **2020 Fac PE RVU:** 1.96

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

Status Report: CMS Requests and Relativity Assessment Issues

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2018 Medicare Utilization:** 94,564

2007 Work RVU: 8.12 **2020 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2020 NF PE RVU:** 10.06
2007 Fac PE RVU 6.41 **2020 Fac PE RVU:**8.16

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, **First Identified:** October 2009 **2018 Medicare Utilization:** 16,857

2007 Work RVU: 0.80 **2020 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2020 NF PE RVU:** 1.53
2007 Fac PE RVU 0.58 **2020 Fac PE RVU:**0.74

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

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, **First Identified:** October 2009 **2018 Medicare Utilization:** 2,270

2007 Work RVU: 1.85 **2020 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2020 NF PE RVU:** 2.37
2007 Fac PE RVU 0.94 **2020 Fac PE RVU:**1.16

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, **First Identified:** February 2010 **2018 Medicare Utilization:** 1,088

2007 Work RVU: 2.08 **2020 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2020 NF PE RVU:** 3.09
2007 Fac PE RVU 1.08 **2020 Fac PE RVU:**1.39

RUC Recommendation: CPT Assistant article published.

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

Result: Maintain

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2018 Medicare Utilization:** 5,841,705

2007 Work RVU: 0.62 **2020 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2020 NF PE RVU:** 1.18
2007 Fac PE RVU 0.59 **2020 Fac PE RVU:**0.86

RUC Recommendation: 0.61

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

Result: Decrease

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2018 Medicare Utilization:** 18,624,347

2007 Work RVU: 0.07 **2020 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2020 NF PE RVU:** 0.13
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:**0.02

RUC Recommendation: 0.04

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2018 Medicare Utilization:** 850,930

2007 Work RVU: 1.82 **2020 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2020 NF PE RVU:** 2.99
2007 Fac PE RVU 1.54 **2020 Fac PE RVU:** 1.30

RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37

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

Result: Decrease

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

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2018 Medicare Utilization:** 3,541

2007 Work RVU: 4.62 **2020 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2020 NF PE RVU:** 5.63
2007 Fac PE RVU 3.33 **2020 Fac PE RVU:** 3.75

RUC Recommendation: 3.61

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

Result: Decrease

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2018 Medicare Utilization:** 1,399

2007 Work RVU: 9.19 **2020 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2020 NF PE RVU:** 7.34
2007 Fac PE RVU 5.41 **2020 Fac PE RVU:** 4.78

RUC Recommendation: 4.68

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

Result: Decrease

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2018 Medicare Utilization:** 4,937

2007 Work RVU: 13.22 **2020 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2020 NF PE RVU:** 9.79
2007 Fac PE RVU 7.49 **2020 Fac PE RVU:** 6.66

RUC Recommendation: 6.37

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013

2018 Medicare Utilization: 2,334,298

2007 Work RVU: 0.67 **2020 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2020 NF PE RVU:** 2.39
2007 Fac PE RVU 0.74 **2020 Fac PE RVU:** 1.13

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013

2018 Medicare Utilization: 114,184

2007 Work RVU: 0.94 **2020 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2020 NF PE RVU:** 2.66
2007 Fac PE RVU 0.89 **2020 Fac PE RVU:** 1.28

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

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

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015

2018 Medicare Utilization: 203,425

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2020 NF PE RVU:** 1.83
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:** 0.48

RUC Recommendation: Review in 2 years (Oct 2021).

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2018 Medicare Utilization:** 135,633

2007 Work RVU: 1.19 **2020 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2020 NF PE RVU:** 2.80
2007 Fac PE RVU 0.9 **2020 Fac PE RVU:** 1.16

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

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2018 Medicare Utilization:** 275,452

2007 Work RVU: 1.60 **2020 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2020 NF PE RVU:** 3.23
2007 Fac PE RVU 1.09 **2020 Fac PE RVU:** 1.41

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2018 Medicare Utilization:** 52,408

2007 Work RVU: 1.51 **2020 Work RVU:** 1.54
2007 NF PE RVU: 2 **2020 NF PE RVU:** 2.98
2007 Fac PE RVU 1.05 **2020 Fac PE RVU:** 1.35

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2018 Medicare Utilization:** 80,741

2007 Work RVU: 1.79 **2020 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2020 NF PE RVU:** 3.32
2007 Fac PE RVU 1.18 **2020 Fac PE RVU:** 1.52

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Maintain

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

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2018 Medicare Utilization:** 90,483

2007 Work RVU: 1.74 **2020 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2020 NF PE RVU:** 3.13
2007 Fac PE RVU 1.16 **2020 Fac PE RVU:** 1.48

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

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

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2018 Medicare Utilization:** 84,644

2007 Work RVU: 2.06 **2020 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2020 NF PE RVU:** 3.52
2007 Fac PE RVU 1.31 **2020 Fac PE RVU:** 1.67

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2018 Medicare Utilization:** 778,913

2007 Work RVU: 6.20 **2020 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2020 NF PE RVU:** 12.07
2007 Fac PE RVU 3.16 **2020 Fac PE RVU:**3.64

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain

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

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2018 Medicare Utilization:** 490,941

2007 Work RVU: 3.30 **2020 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2020 NF PE RVU:** 7.69
2007 Fac PE RVU 1.68 **2020 Fac PE RVU:**1.94

RUC Recommendation: 3.30 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 128,146

2007 Work RVU: 5.56 **2020 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2020 NF PE RVU:** 11.58
2007 Fac PE RVU 2.83 **2020 Fac PE RVU:**3.26

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 54,357

2007 Work RVU: 3.06 **2020 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2020 NF PE RVU:** 7.46
2007 Fac PE RVU 1.55 **2020 Fac PE RVU:**1.80

RUC Recommendation: 3.06 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 Medicare Utilization:** 19,221

2007 Work RVU: 0.87 **2020 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2020 NF PE RVU:** 1.26
2007 Fac PE RVU 0.44 **2020 Fac PE RVU:**0.51

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 1,711

2007 Work RVU: 3.74 **2020 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2020 NF PE RVU:** 8.85
2007 Fac PE RVU 2.76 **2020 Fac PE RVU:** 4.24

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

Result: PE Only

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2018 Medicare Utilization:** 57,555

2007 Work RVU: **2020 Work RVU:** 3.29
2007 NF PE RVU: **2020 NF PE RVU:** 13.73
2007 Fac PE RVU **2020 Fac PE RVU:** 1.21

RUC Recommendation: 3.29

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

Result: Decrease

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2018 Medicare Utilization:** 4,114

2007 Work RVU: **2020 Work RVU:** 1.65
2007 NF PE RVU: **2020 NF PE RVU:** 12.17
2007 Fac PE RVU **2020 Fac PE RVU:** 0.61

RUC Recommendation: 1.65

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 113,000

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.10
2007 NF PE RVU: **2020 NF PE RVU:** 13.74
2007 Fac PE RVU **2020 Fac PE RVU:** 1.14
Result: Decrease

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 14,323

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

2007 Work RVU: **2020 Work RVU:** 1.55
2007 NF PE RVU: **2020 NF PE RVU:** 11.92
2007 Fac PE RVU **2020 Fac PE RVU:** 0.57
Result: Decrease

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 4,824

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.64
2007 NF PE RVU: **2020 NF PE RVU:** 22.24
2007 Fac PE RVU **2020 Fac PE RVU:** 1.34
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 997

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 18.86
2007 Fac PE RVU **2020 Fac PE RVU:** 0.68

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 2.00 **2020 Work RVU:**
2007 NF PE RVU: 3.68 **2020 NF PE RVU:**
2007 Fac PE RVU 0.64 **2020 Fac PE RVU:**

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

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.69 **2020 Work RVU:**
2007 NF PE RVU: 11.01 **2020 NF PE RVU:**
2007 Fac PE RVU 1.18 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 30,172

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

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 4.81
2007 Fac PE RVU **2020 Fac PE RVU:** 0.74
Result: Decrease

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 3,212

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

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 3.83
2007 Fac PE RVU **2020 Fac PE RVU:** 0.37
Result: Decrease

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 3,637

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

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 5.55
2007 Fac PE RVU **2020 Fac PE RVU:** 0.74
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 348

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 4.78
2007 Fac PE RVU **2020 Fac PE RVU:** 0.37

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

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 23,664

2007 Work RVU: **2020 Work RVU:** 1.70
2007 NF PE RVU: **2020 NF PE RVU:** 11.12
2007 Fac PE RVU **2020 Fac PE RVU:** 0.63

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

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 1,821

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 10.14
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 258

2007 Work RVU: **2020 Work RVU:** 2.55
2007 NF PE RVU: **2020 NF PE RVU:** 19.33
2007 Fac PE RVU **2020 Fac PE RVU:** 0.95

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:** 63

2007 Work RVU: **2020 Work RVU:** 1.28
2007 NF PE RVU: **2020 NF PE RVU:** 16.19
2007 Fac PE RVU **2020 Fac PE RVU:** 0.48

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

19290 **Preoperative placement of needle localization wire, breast;**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.27 **2020 Work RVU:**
2007 NF PE RVU: 2.81 **2020 NF PE RVU:**
2007 Fac PE RVU 0.41 **2020 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.63 **2020 Work RVU:**
2007 NF PE RVU: 1.17 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 2.57 **2020 NF PE RVU:**
2007 Fac PE RVU 2.02 **2020 Fac PE RVU:**

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

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2018 Medicare Utilization:** 23,952

2007 Work RVU: 15.67 **2020 Work RVU:** 15.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2020 Fac PE RVU:**9.26

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19307 **Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 22 **Specialty Developing Recommendation:**

First Identified: October 2019

2018 Medicare Utilization: 6,383

2007 Work RVU: 17.95 **2020 Work RVU:** 18.23

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 8.34 **2020 Fac PE RVU:** 12.38

RUC Recommendation: 17.99

Referred to CPT

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

Result: Decrease

19318 **Reduction mammaplasty**

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

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

First Identified: September 2007

2018 Medicare Utilization: 7,778

2007 Work RVU: 15.91 **2020 Work RVU:** 16.03

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 10.94 **2020 Fac PE RVU:** 12.82

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Result: PE Only

19340 **Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 05 **Specialty Developing Recommendation:** ASPS

First Identified: October 2009

2018 Medicare Utilization: 6,391

2007 Work RVU: 6.32 **2020 Work RVU:** 13.99

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.07 **2020 Fac PE RVU:** 12.00

RUC Recommendation: 11.00

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19357 **Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 6,855

2007 Work RVU: 20.57 **2020 Work RVU:** 18.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2020 Fac PE RVU:** 21.61

RUC Recommendation: 15.36 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 2.14 **2020 Work RVU:**
2007 NF PE RVU: 2.71 **2020 NF PE RVU:**
2007 Fac PE RVU 1.68 **2020 Fac PE RVU:**

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

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

Global: **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 3,829

2007 Work RVU: 3.55 **2020 Work RVU:**
2007 NF PE RVU: 3.54 **2020 NF PE RVU:**
2007 Fac PE RVU 2.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 22 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2018

2018 Medicare Utilization: 12,023

2007 Work RVU: 1.27 **2020 Work RVU:** 1.65
2007 NF PE RVU: 4.07 **2020 NF PE RVU:** 5.26
2007 Fac PE RVU 0.75 **2020 Fac PE RVU:**0.77

RUC Recommendation: 1.93

Referred to CPT

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

Result: Increase

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 22 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017

2018 Medicare Utilization: 14,252

2007 Work RVU: 1.87 **2020 Work RVU:** 2.45
2007 NF PE RVU: 21.49 **2020 NF PE RVU:** 9.24
2007 Fac PE RVU 1.1 **2020 Fac PE RVU:**1.12

RUC Recommendation: 3.00

Referred to CPT

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

Result: Increase

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

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA

First Identified: April 2014

2018 Medicare Utilization: 6,263

2007 Work RVU: 3.25 **2020 Work RVU:** 2.61
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2020 Fac PE RVU:**1.28

RUC Recommendation: 3.73

Referred to CPT

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

Result: Increase

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

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS

First Identified: January 2014

2018 Medicare Utilization: 4,254

2007 Work RVU: 8.77 **2020 Work RVU:** 6.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2020 Fac PE RVU:**3.10

RUC Recommendation: 6.50

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,772

2007 Work RVU: 3.51 **2020 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2020 NF PE RVU:** 9.44
2007 Fac PE RVU 2.52 **2020 Fac PE RVU:**2.95

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2018 Medicare Utilization:** 96,063

2007 Work RVU: 0.94 **2020 Work RVU:** 0.94
2007 NF PE RVU: 0.93 **2020 NF PE RVU:** 1.15
2007 Fac PE RVU 0.5 **2020 Fac PE RVU:**0.55

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

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2018 Medicare Utilization:** 840,422

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.72
2007 Fac PE RVU 0.25 **2020 Fac PE RVU:**0.29

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2018 Medicare Utilization:** 198,519

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2020 NF PE RVU:** 0.76
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**0.31

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

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)**

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

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 359,569

2007 Work RVU: 0.66 **2020 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

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

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 364,058

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2020 NF PE RVU:** 0.98
2007 Fac PE RVU 0.23 **2020 Fac PE RVU:**0.41

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2018 Medicare Utilization:** 434,803

2007 Work RVU: 0.66 **2020 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2020 NF PE RVU:** 0.69
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:**0.29

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

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2018 Medicare Utilization:** 40,650

2007 Work RVU: **2020 Work RVU:** 0.89
2007 NF PE RVU: **2020 NF PE RVU:** 1.19
2007 Fac PE RVU **2020 Fac PE RVU:**0.34

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2018 Medicare Utilization:** 469,548

2007 Work RVU: 0.68 **2020 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2020 NF PE RVU:** 0.72
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.31

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2018 Medicare Utilization:** 53,028

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.29
2007 Fac PE RVU **2020 Fac PE RVU:** 0.41

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

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2018 Medicare Utilization:** 6,645,798

2007 Work RVU: 0.79 **2020 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2020 NF PE RVU:** 0.86
2007 Fac PE RVU 0.42 **2020 Fac PE RVU:** 0.41

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2018 Medicare Utilization:** 1,022,248

2007 Work RVU: **2020 Work RVU:** 1.10
2007 NF PE RVU: **2020 NF PE RVU:** 1.45
2007 Fac PE RVU **2020 Fac PE RVU:** 0.50

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

Status Report: CMS Requests and Relativity Assessment Issues

20612 **Aspiration and/or injection of ganglion cyst(s) any location** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2018 Medicare Utilization:** 27,359

2007 Work RVU: 0.70 **2020 Work RVU:** 0.70
2007 NF PE RVU: 0.71 **2020 NF PE RVU:** 0.97
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.40

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

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20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2018 Medicare Utilization:** 55,909

2007 Work RVU: 5.90 **2020 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2020 NF PE RVU:** 10.63
2007 Fac PE RVU 3.82 **2020 Fac PE RVU:**5.17

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)** **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:** 3,278

2007 Work RVU: 6.40 **2020 Work RVU:** 16.27
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2020 Fac PE RVU:**13.21

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 6,378

2007 Work RVU: 4.20 **2020 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2020 NF PE RVU:** 7.20
2007 Fac PE RVU 3.92 **2020 Fac PE RVU:**4.67

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.67
2007 Fac PE RVU **2020 Fac PE RVU:**0.67

RUC Recommendation: 1.50

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

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.13
2007 NF PE RVU: **2020 NF PE RVU:** 0.50
2007 Fac PE RVU **2020 Fac PE RVU:**0.50

RUC Recommendation: 1.13

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

Result: Increase

20702 **Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 1.10
2007 Fac PE RVU **2020 Fac PE RVU:**1.10

RUC Recommendation: 2.50

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 0.80
2007 Fac PE RVU **2020 Fac PE RVU:** 0.80

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

20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.60
2007 NF PE RVU: **2020 NF PE RVU:** 1.15
2007 Fac PE RVU **2020 Fac PE RVU:** 1.15

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.15
2007 NF PE RVU: **2020 NF PE RVU:** 0.95
2007 Fac PE RVU **2020 Fac PE RVU:** 0.95

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,267

2007 Work RVU: 5.77 **2020 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2020 NF PE RVU:** 8.13
2007 Fac PE RVU 5.5 **2020 Fac PE RVU:** 1.82

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

Status Report: CMS Requests and Relativity Assessment Issues

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2018 Medicare Utilization:** 4,722

2007 Work RVU: 7.98 **2020 Work RVU:** 4.58
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2020 Fac PE RVU:** 2.72

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

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2018 Medicare Utilization:** 15,268

2007 Work RVU: 5.70 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.67 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 622

2007 Work RVU: 5.59 **2020 Work RVU:** 9.89
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2020 Fac PE RVU:** 8.71

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

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2018 Medicare Utilization:** 3,679

2007 Work RVU: 11.07 **2020 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2020 NF PE RVU:** 12.67
2007 Fac PE RVU 9.21 **2020 Fac PE RVU:** 8.94

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

Status Report: CMS Requests and Relativity Assessment Issues

21495 **Open treatment of hyoid fracture**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 6.55 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 8.73 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 551

2007 Work RVU: 8.91 **2020 Work RVU:** 14.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2020 Fac PE RVU:**9.93

RUC Recommendation: 14.57

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: July 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.98 **2020 Work RVU:**
2007 NF PE RVU: 1.34 **2020 NF PE RVU:**
2007 Fac PE RVU 1.34 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

21805 **Open treatment of rib fracture without fixation, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 2.80 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.28 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 6.92 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.03 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 333

2007 Work RVU: **2020 Work RVU:** 10.79
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.08

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 426

2007 Work RVU: **2020 Work RVU:** 13.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 5.15

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 90

2007 Work RVU: **2020 Work RVU:** 17.61
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 6.86

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2018 Medicare Utilization:** 200

2007 Work RVU: 1.31 **2020 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2020 NF PE RVU:** 2.55
2007 Fac PE RVU 1.77 **2020 Fac PE RVU:**2.52

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 1,006

2007 Work RVU: 7.65 **2020 Work RVU:** 7.76
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2020 Fac PE RVU:**6.15

RUC Recommendation: Unrelated to the family

Referred to CPT October 2013 **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 292

2007 Work RVU: 18.38 **2020 Work RVU:** 15.72
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2020 Fac PE RVU:**10.62

RUC Recommendation: 15.54

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

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2018 Medicare Utilization:** 6,470

2007 Work RVU: 20.77 **2020 Work RVU:** 21.02
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2020 Fac PE RVU:** 16.75

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2018 Medicare Utilization:**

2007 Work RVU: 2.08 **2020 Work RVU:**
2007 NF PE RVU: 2.27 **2020 NF PE RVU:**
2007 Fac PE RVU 1.89 **2020 Fac PE RVU:**

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

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 23 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2018 Medicare Utilization:** 7,166

2007 Work RVU: 3.69 **2020 Work RVU:** 3.45
2007 NF PE RVU: 2.85 **2020 NF PE RVU:** 4.52
2007 Fac PE RVU 2.4 **2020 Fac PE RVU:** 4.20

RUC Recommendation: 3.45. Flag for Rereview **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 4,258

2007 Work RVU: **2020 Work RVU:** 7.90
2007 NF PE RVU: **2020 NF PE RVU:** 43.10
2007 Fac PE RVU **2020 Fac PE RVU:** 3.70

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 4,425

2007 Work RVU: **2020 Work RVU:** 7.33
2007 NF PE RVU: **2020 NF PE RVU:** 43.22
2007 Fac PE RVU **2020 Fac PE RVU:** 3.54

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 2,791

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** 19.91
2007 Fac PE RVU **2020 Fac PE RVU:** 1.42

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 24,434

2007 Work RVU: **2020 Work RVU:** 8.65
2007 NF PE RVU: **2020 NF PE RVU:** 179.02
2007 Fac PE RVU **2020 Fac PE RVU:** 4.70

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 26,727

2007 Work RVU: **2020 Work RVU:** 7.99
2007 NF PE RVU: **2020 NF PE RVU:** 178.97
2007 Fac PE RVU **2020 Fac PE RVU:** 4.46

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 15,442

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** 100.84
2007 Fac PE RVU **2020 Fac PE RVU:** 1.66

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:**

2007 Work RVU: 9.17 **2020 Work RVU:**
2007 NF PE RVU: 56.83 **2020 NF PE RVU:**
2007 Fac PE RVU 4.84 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 8.60 **2020 Work RVU:**
2007 NF PE RVU: 52.87 **2020 NF PE RVU:**
2007 Fac PE RVU 4.69 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:**

2007 Work RVU: 4.30 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.59 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 9.21 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.6 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 8.81 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.4 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 4.47 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.12 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

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

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2018 Medicare Utilization:** 1,100

2007 Work RVU: 24.61 **2020 Work RVU:** 24.79
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2020 Fac PE RVU:** 17.34

RUC Recommendation: Remove from screen. CPT Assistant article published.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2018 Medicare Utilization:** 39,170

2007 Work RVU: **2020 Work RVU:** 25.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 16.72

RUC Recommendation: 24.50

Referred to CPT October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2018 Medicare Utilization:** 34,774

2007 Work RVU: **2020 Work RVU:** 6.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.09

RUC Recommendation: 6.50

Referred to CPT October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2018 Medicare Utilization:** 4,804

2007 Work RVU: 17.54 **2020 Work RVU:** 17.69
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2020 Fac PE RVU:** 13.39

RUC Recommendation: 17.69 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2018 Medicare Utilization:** 18,793

2007 Work RVU: 23.33 **2020 Work RVU:** 23.53
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2020 Fac PE RVU:** 14.91

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2018 Medicare Utilization:** 16,653

2007 Work RVU: 5.52 **2020 Work RVU:** 5.52
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2020 Fac PE RVU:** 2.52

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

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 45,222

2007 Work RVU: 23.38 **2020 Work RVU:** 23.53
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2020 Fac PE RVU:** 16.20

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT October 2010
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 141,205

2007 Work RVU: 6.43 **2020 Work RVU:** 6.43
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2020 Fac PE RVU:** 3.09

RUC Recommendation: 6.43

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 5,961

2007 Work RVU: 21.89 **2020 Work RVU:** 22.09
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2020 Fac PE RVU:** 16.38

RUC Recommendation: 22.09

Referred to CPT October 2010
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 2,022

2007 Work RVU: 5.22 **2020 Work RVU:** 5.22
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2020 Fac PE RVU:** 2.47

RUC Recommendation: 5.22 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 37,407

2007 Work RVU: **2020 Work RVU:** 27.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 18.02

RUC Recommendation: 27.75 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2018 Medicare Utilization:** 14,310

2007 Work RVU: **2020 Work RVU:** 8.16
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.90

RUC Recommendation: 8.16 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2018 Medicare Utilization:** 8,568

2007 Work RVU: 13.44 **2020 Work RVU:** 13.44
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2020 Fac PE RVU:** 6.46

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

22849 **Reinsertion of spinal fixation device**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2018 Medicare Utilization:** 4,587

2007 Work RVU: 19.08 **2020 Work RVU:** 19.17
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2020 Fac PE RVU:** 13.33

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 6.70 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.18 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2018 Medicare Utilization:** 2,147

2007 Work RVU: **2020 Work RVU:** 5.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.63

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2018 Medicare Utilization:** 2,168

2007 Work RVU: **2020 Work RVU:** 13.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 10.90

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2018 Medicare Utilization:** 518

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.90

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

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 706

2007 Work RVU: 6.14 **2020 Work RVU:** 8.32
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2020 Fac PE RVU:**6.12

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 617

2007 Work RVU: 7.77 **2020 Work RVU:** 7.41
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2020 Fac PE RVU:**6.66

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 7,054

2007 Work RVU: 7.23 **2020 Work RVU:** 7.39
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2020 Fac PE RVU:**8.04

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,174

2007 Work RVU: 7.63 **2020 Work RVU:** 7.77
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2020 Fac PE RVU:**8.39

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2018 Medicare Utilization:** 35,414

2007 Work RVU: 1.00 **2020 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2020 NF PE RVU:** 3.26
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**0.38
Result: Maintain

RUC Recommendation: 1.00

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,421

2007 Work RVU: 8.43 **2020 Work RVU:** 8.54
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2020 Fac PE RVU:**7.79
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 3,411

2007 Work RVU: 12.63 **2020 Work RVU:** 11.39
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2020 Fac PE RVU:**10.08
Result: Decrease

RUC Recommendation: 11.23

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

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 13,137

2007 Work RVU: 13.55 **2020 Work RVU:** 11.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2020 Fac PE RVU:**10.35
Result: Decrease

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty**

Global: 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 537

RUC Recommendation: 9.23

Referred to CPT

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

2007 Work RVU: 10.09 **2020 Work RVU:** 9.23
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2020 Fac PE RVU:** 9.07
Result: Decrease

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 2,822

RUC Recommendation: 13.35

Referred to CPT

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

2007 Work RVU: 14.75 **2020 Work RVU:** 13.54
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2020 Fac PE RVU:** 11.86
Result: Decrease

23430 **Tenodesis of long tendon of biceps**

Global: 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 19,363

RUC Recommendation: 10.17

Referred to CPT

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

2007 Work RVU: 10.05 **2020 Work RVU:** 10.17
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2020 Fac PE RVU:** 9.38
Result: Maintain

23440 **Resection or transplantation of long tendon of biceps**

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 1,670

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

2007 Work RVU: 10.53 **2020 Work RVU:** 10.64
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2020 Fac PE RVU:** 9.13
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2018 Medicare Utilization:** 59,279

2007 Work RVU: 22.47 **2020 Work RVU:** 22.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2020 Fac PE RVU:** 15.62

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

23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 360

2007 Work RVU: 2.28 **2020 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2020 NF PE RVU:** 3.85
2007 Fac PE RVU 2.43 **2020 Fac PE RVU:** 3.82

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2018 Medicare Utilization:** 33,544

2007 Work RVU: 3.00 **2020 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2020 NF PE RVU:** 5.88
2007 Fac PE RVU 3.58 **2020 Fac PE RVU:** 5.35

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

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 192

2007 Work RVU: 3.99 **2020 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2020 NF PE RVU:** 6.05
2007 Fac PE RVU 4.19 **2020 Fac PE RVU:** 5.22

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 15,072

2007 Work RVU: 3.44 **2020 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2020 NF PE RVU:** 4.98
2007 Fac PE RVU 2.77 **2020 Fac PE RVU:**4.16

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 2,519

2007 Work RVU: 4.64 **2020 Work RVU:** 4.76
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2020 Fac PE RVU:**5.97

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 668

2007 Work RVU: 4.54 **2020 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2020 NF PE RVU:** 6.77
2007 Fac PE RVU 4.61 **2020 Fac PE RVU:**5.85

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 939

2007 Work RVU: 5.25 **2020 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2020 NF PE RVU:** 7.90
2007 Fac PE RVU 5.27 **2020 Fac PE RVU:**6.50

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 1,425

2007 Work RVU: 4.28 **2020 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2020 NF PE RVU:** 5.44
2007 Fac PE RVU 3.45 **2020 Fac PE RVU:**4.49

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 423

2007 Work RVU: 5.50 **2020 Work RVU:** 5.64
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2020 Fac PE RVU:**6.91

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS

First Identified: September 2007 **2018 Medicare Utilization:** 1,005

2007 Work RVU: 7.38 **2020 Work RVU:** 7.56
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2020 Fac PE RVU:**8.40

RUC Recommendation: 7.56

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

Result: Maintain

25210 **Carpectomy; 1 bone**

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 2,721

2007 Work RVU: 6.01 **2020 Work RVU:** 6.12
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2020 Fac PE RVU:**6.92

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

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

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

First Identified: September 2007 **2018 Medicare Utilization:** 1,076

2007 Work RVU: 7.89 **2020 Work RVU:** 8.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **2020 Fac PE RVU:**8.70

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,548

2007 Work RVU: 7.28 **2020 Work RVU:** 7.39
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2020 Fac PE RVU:**7.60

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 8,024

2007 Work RVU: 8.26 **2020 Work RVU:** 8.08
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2020 Fac PE RVU:**8.34

RUC Recommendation: 7.94

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

Result: Decrease

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** ` **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 689

2007 Work RVU: 5.71 **2020 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2020 NF PE RVU:** 7.87
2007 Fac PE RVU 5.32 **2020 Fac PE RVU:**6.40

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 19,941

2007 Work RVU: 7.02 **2020 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2020 NF PE RVU:** 8.09
2007 Fac PE RVU 6.21 **2020 Fac PE RVU:**7.24

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2018 Medicare Utilization:** 2,255

2007 Work RVU: 8.10 **2020 Work RVU:** 8.31
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2020 Fac PE RVU:**9.19

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2018 Medicare Utilization:** 9,313

2007 Work RVU: 9.35 **2020 Work RVU:** 9.56
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2020 Fac PE RVU:**9.84

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2018 Medicare Utilization:** 7,089

2007 Work RVU: 10.86 **2020 Work RVU:** 11.07
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2020 Fac PE RVU:** 10.63

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2018 Medicare Utilization:** 17,109

2007 Work RVU: 14.12 **2020 Work RVU:** 14.38
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2020 Fac PE RVU:** 13.19

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 406

2007 Work RVU: 4.75 **2020 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2020 NF PE RVU:** 6.89
2007 Fac PE RVU 4.53 **2020 Fac PE RVU:** 5.70

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26020 **Drainage of tendon sheath, digit and/or palm, each** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2018 Medicare Utilization:** 2,437

2007 Work RVU: 4.97 **2020 Work RVU:** 6.84
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.21 **2020 Fac PE RVU:**7.87

RUC Recommendation: 7.79 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26055 **Tendon sheath incision (eg, for trigger finger)** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2018 Medicare Utilization:** 98,835

2007 Work RVU: 3.00 **2020 Work RVU:** 3.11
2007 NF PE RVU: 13.02 **2020 NF PE RVU:** 11.95
2007 Fac PE RVU 3.92 **2020 Fac PE RVU:**4.64

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each** **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,917

2007 Work RVU: 4.36 **2020 Work RVU:** 4.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2020 Fac PE RVU:**6.05

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2018 Medicare Utilization:** 17,083

2007 Work RVU: 3.46 **2020 Work RVU:** 3.57
2007 NF PE RVU: 11.53 **2020 NF PE RVU:** 12.14
2007 Fac PE RVU 4.08 **2020 Fac PE RVU:**4.84

RUC Recommendation: 3.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2018 Medicare Utilization:** 1,137

2007 Work RVU: 10.22 **2020 Work RVU:** 9.56
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2020 Fac PE RVU:** 11.60
Result: Decrease

RUC Recommendation: 10.03

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

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2018 Medicare Utilization:** 50

2007 Work RVU: 8.65 **2020 Work RVU:** 11.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2020 Fac PE RVU:** 12.45
Result: Increase

RUC Recommendation: 11.50

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

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2018 Medicare Utilization:** 50

2007 Work RVU: 9.22 **2020 Work RVU:** 12.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2020 Fac PE RVU:** 13.26
Result: Increase

RUC Recommendation: 13.10

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

Status Report: CMS Requests and Relativity Assessment Issues

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2018 Medicare Utilization:** 9,983

2007 Work RVU: 6.76 **2020 Work RVU:** 6.90
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2020 Fac PE RVU:** 13.77

RUC Recommendation: 6.76 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 510

2007 Work RVU: 3.74 **2020 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2020 NF PE RVU:** 4.99
2007 Fac PE RVU 2.89 **2020 Fac PE RVU:** 4.30

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 6,946

2007 Work RVU: 1.74 **2020 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2020 NF PE RVU:** 3.18
2007 Fac PE RVU 2.07 **2020 Fac PE RVU:** 3.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2018 Medicare Utilization:** 526

2007 Work RVU: 3.15 **2020 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2020 NF PE RVU:** 5.29
2007 Fac PE RVU 3 **2020 Fac PE RVU:** 4.04

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2018 Medicare Utilization:** 5,965

2007 Work RVU: 3.07 **2020 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2020 NF PE RVU:** 4.33
2007 Fac PE RVU 2.44 **2020 Fac PE RVU:** 3.66

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 373

2007 Work RVU: 6.44 **2020 Work RVU:** 8.85
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2020 Fac PE RVU:** 6.88

RUC Recommendation: 8.74

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

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,858

2007 Work RVU: 5.66 **2020 Work RVU:** 5.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2020 Fac PE RVU:** 6.22

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2018 Medicare Utilization:** 466,851

2007 Work RVU: 1.40 **2020 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2020 NF PE RVU:** 3.00
2007 Fac PE RVU 0.33 **2020 Fac PE RVU:** 0.78

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 11 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2018 Medicare Utilization:** 160,944

2007 Work RVU: 21.61 **2020 Work RVU:** 20.72
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2020 Fac PE RVU:** 14.38

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2018 Medicare Utilization:** 11,173

2007 Work RVU: 30.13 **2020 Work RVU:** 30.28
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2020 Fac PE RVU:** 19.15

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

Referred to CPT

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

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2018 Medicare Utilization:**

2007 Work RVU: 5.98 **2020 Work RVU:**
2007 NF PE RVU: 4.98 **2020 NF PE RVU:**
2007 Fac PE RVU 4.98 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 10.08 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 7.4 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2018 Medicare Utilization:** 11,789

2007 Work RVU: **2020 Work RVU:** 1.53
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.85

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2018 Medicare Utilization:** 346

2007 Work RVU: **2020 Work RVU:** 4.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.30

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2018 Medicare Utilization:** 3,318

2007 Work RVU: 6.72 **2020 Work RVU:** 5.50
2007 NF PE RVU: 5.61 **2020 NF PE RVU:** 5.83
2007 Fac PE RVU 5.52 **2020 Fac PE RVU:** 5.66

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 1,630

2007 Work RVU: 5.69 **2020 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2020 NF PE RVU:** 6.95
2007 Fac PE RVU 5.06 **2020 Fac PE RVU:** 6.74

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 227

2007 Work RVU: 11.66 **2020 Work RVU:** 11.72
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2020 Fac PE RVU:** 7.57

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2018 Medicare Utilization:** 56,745

2007 Work RVU: 17.43 **2020 Work RVU:** 17.61
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2020 Fac PE RVU:** 13.47

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 320

2007 Work RVU: 13.66 **2020 Work RVU:** 13.81
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2020 Fac PE RVU:** 11.02

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2018 Medicare Utilization:** 7,111

2007 Work RVU: 17.08 **2020 Work RVU:** 18.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2020 Fac PE RVU:** 13.78

RUC Recommendation: 18.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2018 Medicare Utilization:** 82,623

2007 Work RVU: 21.09 **2020 Work RVU:** 18.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2020 Fac PE RVU:** 13.77

RUC Recommendation: 18.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia** **Global:** 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2018 Medicare Utilization:** 3,229

2007 Work RVU: 7.21 **2020 Work RVU:** 3.82
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2020 Fac PE RVU:** 0.74

RUC Recommendation: 3.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 811

2007 Work RVU: 10.92 **2020 Work RVU:** 11.03
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2020 Fac PE RVU:** 8.62

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 8,489

2007 Work RVU: 5.12 **2020 Work RVU:** 5.24
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2020 Fac PE RVU:** 5.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 5,935

2007 Work RVU: 7.67 **2020 Work RVU:** 7.78
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2020 Fac PE RVU:**7.51

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device**

Global: 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2018 Medicare Utilization:** 2,983

2007 Work RVU: **2020 Work RVU:** 12.13
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**9.96

RUC Recommendation: 9.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 778

2007 Work RVU: 4.95 **2020 Work RVU:** 5.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2020 Fac PE RVU:**5.50

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**

Global: 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.77
2007 NF PE RVU: **2020 NF PE RVU:** 3.62
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

RUC Recommendation: 0.96 **Referred to CPT** February 2018 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27370 **Injection of contrast for knee arthrography**

Global: **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2018 Medicare Utilization:** 89,023

2007 Work RVU: 0.96 **2020 Work RVU:**
2007 NF PE RVU: 3.47 **2020 NF PE RVU:**
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2018 Medicare Utilization:** 15,972

2007 Work RVU: 16.26 **2020 Work RVU:** 17.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2020 Fac PE RVU:** 12.57

RUC Recommendation: 17.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 11 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2018 Medicare Utilization:** 306,352

2007 Work RVU: 23.04 **2020 Work RVU:** 20.72
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2020 Fac PE RVU:** 14.35

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 407

2007 Work RVU: 11.24 **2020 Work RVU:** 11.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2020 Fac PE RVU:** 8.35

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 417

2007 Work RVU: 9.68 **2020 Work RVU:** 9.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2020 Fac PE RVU:**7.93

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27550 **Closed treatment of knee dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 798

2007 Work RVU: 5.84 **2020 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2020 NF PE RVU:** 7.89
2007 Fac PE RVU 4.85 **2020 Fac PE RVU:**6.80

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27552 **Closed treatment of knee dislocation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 332

2007 Work RVU: 8.04 **2020 Work RVU:** 8.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2020 Fac PE RVU:**8.35

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 269

2007 Work RVU: 12.93 **2020 Work RVU:** 15.72
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2020 Fac PE RVU:** 10.77

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 695

2007 Work RVU: 8.47 **2020 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2020 Fac PE RVU:** 5.35

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,660

2007 Work RVU: 12.10 **2020 Work RVU:** 12.24
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2020 Fac PE RVU:** 9.59

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2018 Medicare Utilization:** 997

2007 Work RVU: 9.73 **2020 Work RVU:** 9.84
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2020 Fac PE RVU:** 7.66

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2018 Medicare Utilization:** 2,416

2007 Work RVU: 9.94 **2020 Work RVU:** 9.21
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2020 Fac PE RVU:**8.33

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,869

2007 Work RVU: 10.32 **2020 Work RVU:** 10.53
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2020 Fac PE RVU:**8.51

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,038

2007 Work RVU: 6.57 **2020 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2020 NF PE RVU:** 11.44
2007 Fac PE RVU 5.26 **2020 Fac PE RVU:**5.78

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 **Gastrocnemius recession (eg, Strayer procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 6,709

2007 Work RVU: 6.30 **2020 Work RVU:** 6.41
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2020 Fac PE RVU:**5.76

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,449

2007 Work RVU: 8.96 **2020 Work RVU:** 9.17
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2020 Fac PE RVU:** 7.95

RUC Recommendation: 8.96 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,377

2007 Work RVU: 10.28 **2020 Work RVU:** 10.49
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2020 Fac PE RVU:** 9.27

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 1,251

2007 Work RVU: 6.15 **2020 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2020 NF PE RVU:** 7.91
2007 Fac PE RVU 5.54 **2020 Fac PE RVU:** 6.68

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 322

2007 Work RVU: 5.33 **2020 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2020 NF PE RVU:** 7.25
2007 Fac PE RVU 5.14 **2020 Fac PE RVU:**5.98

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2018 Medicare Utilization:** 7,254

2007 Work RVU: 7.91 **2020 Work RVU:** 8.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2020 Fac PE RVU:**8.32

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 3,123

2007 Work RVU: 5.20 **2020 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2020 NF PE RVU:** 7.13
2007 Fac PE RVU 5.02 **2020 Fac PE RVU:**5.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2018 Medicare Utilization:** 11,448

2007 Work RVU: 11.10 **2020 Work RVU:** 10.62
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2020 Fac PE RVU:**9.53

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2018 Medicare Utilization:** 3,259

2007 Work RVU: 5.57 **2020 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2020 NF PE RVU:** 7.21
2007 Fac PE RVU 5 **2020 Fac PE RVU:**5.76

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 690

2007 Work RVU: 6.60 **2020 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2020 NF PE RVU:** 7.76
2007 Fac PE RVU 5.25 **2020 Fac PE RVU:**6.29

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 2,343

2007 Work RVU: 4.65 **2020 Work RVU:** 4.77
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2020 Fac PE RVU:**5.16

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:** 6,544

2007 Work RVU: 5.78 **2020 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2020 NF PE RVU:** 6.86
2007 Fac PE RVU 3.74 **2020 Fac PE RVU:**3.31

RUC Recommendation: Survey **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28111 **Ostectomy, complete excision; first metatarsal head** **Global:** 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,111

2007 Work RVU: 5.06 **2020 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2020 NF PE RVU:** 8.38
2007 Fac PE RVU 3.58 **2020 Fac PE RVU:**3.62

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus** **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 5,248

2007 Work RVU: 5.64 **2020 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2020 NF PE RVU:** 11.27
2007 Fac PE RVU 4.31 **2020 Fac PE RVU:**6.07

RUC Recommendation: 8.27 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 14,566

RUC Recommendation: 7.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.56 **2020 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2020 NF PE RVU:** 9.71
2007 Fac PE RVU 5.17 **2020 Fac PE RVU:**5.16
Result: Maintain

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 11,725

RUC Recommendation: Remove 99238 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.88 **2020 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2020 NF PE RVU:** 8.36
2007 Fac PE RVU 3.62 **2020 Fac PE RVU:**4.11
Result: PE Only

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2018 Medicare Utilization:** 72,731

RUC Recommendation: 5.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.65 **2020 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2020 NF PE RVU:** 9.30
2007 Fac PE RVU 3.42 **2020 Fac PE RVU:**4.76
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 4,629

2007 Work RVU: 8.11 **2020 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2020 NF PE RVU:** 12.91
2007 Fac PE RVU 5.68 **2020 Fac PE RVU:**5.54

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 5.72 **2020 Work RVU:**
2007 NF PE RVU: 6.75 **2020 NF PE RVU:**
2007 Fac PE RVU 4.55 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 4,343

2007 Work RVU: **2020 Work RVU:** 8.01
2007 NF PE RVU: **2020 NF PE RVU:** 12.29
2007 Fac PE RVU **2020 Fac PE RVU:**5.34

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 7,309

2007 Work RVU: 8.72 **2020 Work RVU:** 7.44
2007 NF PE RVU: 8.21 **2020 NF PE RVU:** 12.73
2007 Fac PE RVU 5.72 **2020 Fac PE RVU:**5.77

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 11.10 **2020 Work RVU:**
2007 NF PE RVU: 11.72 **2020 NF PE RVU:**
2007 Fac PE RVU 6.34 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 8.63 **2020 Work RVU:**
2007 NF PE RVU: 7.88 **2020 NF PE RVU:**
2007 Fac PE RVU 4.7 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 553

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 8.57
2007 NF PE RVU: **2020 NF PE RVU:** 19.00
2007 Fac PE RVU **2020 Fac PE RVU:** 6.63
Result: Decrease

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2018 Medicare Utilization:** 10,285

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.31 **2020 Work RVU:** 8.25
2007 NF PE RVU: 8.54 **2020 NF PE RVU:** 17.17
2007 Fac PE RVU 5.29 **2020 Fac PE RVU:** 5.80
Result: Decrease

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 2,459

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.31 **2020 Work RVU:** 9.29
2007 NF PE RVU: 9.34 **2020 NF PE RVU:** 19.90
2007 Fac PE RVU 6.04 **2020 Fac PE RVU:** 7.02
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2018 Medicare Utilization:** 2,837

2007 Work RVU: 8.01 **2020 Work RVU:** 7.75
2007 NF PE RVU: 7.74 **2020 NF PE RVU:** 15.71
2007 Fac PE RVU 4.91 **2020 Fac PE RVU:**5.74

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 Medicare Utilization:** 4,652

2007 Work RVU: 11.39 **2020 Work RVU:** 9.29
2007 NF PE RVU: 9.24 **2020 NF PE RVU:** 18.85
2007 Fac PE RVU 6.01 **2020 Fac PE RVU:**6.55

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,443

2007 Work RVU: 9.61 **2020 Work RVU:** 9.73
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2020 Fac PE RVU:**7.55

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,762

2007 Work RVU: 5.48 **2020 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2020 NF PE RVU:** 9.63
2007 Fac PE RVU 3.53 **2020 Fac PE RVU:**4.20

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28470 **Closed treatment of metatarsal fracture; without manipulation, each** **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2018 Medicare Utilization:** 31,049

2007 Work RVU: 1.99 **2020 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2020 NF PE RVU:** 3.93
2007 Fac PE RVU 2.43 **2020 Fac PE RVU:**3.52

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 735

2007 Work RVU: 1.25 **2020 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2020 NF PE RVU:** 1.91
2007 Fac PE RVU 0.79 **2020 Fac PE RVU:**1.11

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,015

2007 Work RVU: 11.97 **2020 Work RVU:** 11.22
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2020 Fac PE RVU:**9.45

RUC Recommendation: 12.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 3,287

2007 Work RVU: 12.21 **2020 Work RVU:** 10.70
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2020 Fac PE RVU:**8.88

RUC Recommendation: 12.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint**

Global: 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 3,870

2007 Work RVU: 9.09 **2020 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2020 NF PE RVU:** 13.66
2007 Fac PE RVU 6.37 **2020 Fac PE RVU:**7.36

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 090 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2018 Medicare Utilization:** 31,576

2007 Work RVU: 4.89 **2020 Work RVU:** 5.82
2007 NF PE RVU: 7.6 **2020 NF PE RVU:** 9.55
2007 Fac PE RVU 3.74 **2020 Fac PE RVU:**4.75

RUC Recommendation: 4.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2018 Medicare Utilization:** 14,407

2007 Work RVU: 3.71 **2020 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2020 NF PE RVU:** 9.39
2007 Fac PE RVU 3.4 **2020 Fac PE RVU:**4.59

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2018 Medicare Utilization:** 69,106

2007 Work RVU: 0.77 **2020 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2020 NF PE RVU:** 1.53
2007 Fac PE RVU 0.68 **2020 Fac PE RVU:**0.86

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

29105 **Application of long arm splint (shoulder to hand)**

Global: 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2018 Medicare Utilization:** 26,403

2007 Work RVU: 0.87 **2020 Work RVU:** 0.80
2007 NF PE RVU: 1.2 **2020 NF PE RVU:** 1.38
2007 Fac PE RVU 0.52 **2020 Fac PE RVU:**0.28

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2018 Medicare Utilization:** 13,149

2007 Work RVU: 0.65 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.52
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:**0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT**

Global: **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.64 **2020 Work RVU:**
2007 NF PE RVU: 0.69 **2020 NF PE RVU:**
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2018 Medicare Utilization:** 18,178

2007 Work RVU: 0.71 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2020 NF PE RVU:** 0.47
2007 Fac PE RVU 0.37 **2020 Fac PE RVU:**0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2018 Medicare Utilization:** 5,056

2007 Work RVU: 0.55 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2020 NF PE RVU:** 0.44
2007 Fac PE RVU 0.33 **2020 Fac PE RVU:**0.14

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2018 Medicare Utilization:** 3,109

2007 Work RVU: 0.51 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2020 NF PE RVU:** 0.44
2007 Fac PE RVU 0.33 **2020 Fac PE RVU:**0.16

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS

First Identified: October 2015 **2018 Medicare Utilization:** 39,694

2007 Work RVU: 1.78 **2020 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2020 NF PE RVU:** 1.72
2007 Fac PE RVU 0.96 **2020 Fac PE RVU:**0.94

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2018 Medicare Utilization:** 13,083

2007 Work RVU: 0.54 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2020 NF PE RVU:** 0.59
2007 Fac PE RVU 0.45 **2020 Fac PE RVU:**0.14

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2018 Medicare Utilization:** 26,736

2007 Work RVU: 0.57 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:** 0.13

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA

First Identified: October 2009 **2018 Medicare Utilization:** 229,694

2007 Work RVU: 0.51 **2020 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2020 NF PE RVU:** 0.39
2007 Fac PE RVU 0.31 **2020 Fac PE RVU:** 0.09

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41ii **Specialty Developing Recommendation:** APMA

First Identified: February 2010 **2018 Medicare Utilization:** 58,903

2007 Work RVU: 0.47 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2020 NF PE RVU:** 0.27
2007 Fac PE RVU 0.29 **2020 Fac PE RVU:** 0.06

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2018 Medicare Utilization:** 284,567

2007 Work RVU: 0.55 **2020 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2020 NF PE RVU:** 1.17
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.16

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2018 Medicare Utilization:** 187,901

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** 1.92
2007 Fac PE RVU **2020 Fac PE RVU:**0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2018 Medicare Utilization:** 3,852

2007 Work RVU: **2020 Work RVU:** 0.35
2007 NF PE RVU: **2020 NF PE RVU:** 2.01
2007 Fac PE RVU **2020 Fac PE RVU:** 0.11

RUC Recommendation: Develop CPT Assistant Article **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29590 **Denis-Browne splint strapping**

Global: **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.76 **2020 Work RVU:**
2007 NF PE RVU: 0.54 **2020 NF PE RVU:**
2007 Fac PE RVU 0.29 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2018 Medicare Utilization:** 703

2007 Work RVU: 5.94 **2020 Work RVU:** 6.03
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2020 Fac PE RVU:** 6.36

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** October 2008 **2018 Medicare Utilization:** 11,398

2007 Work RVU: 7.49 **2020 Work RVU:** 7.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2020 Fac PE RVU:** 7.57

RUC Recommendation: 7.03 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 47,122

RUC Recommendation: 7.98

Referred to CPT September 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 8.24 **2020 Work RVU:** 8.36

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 6.94 **2020 Fac PE RVU:** 8.13

Result: Decrease

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2018 Medicare Utilization:** 40,385

RUC Recommendation: 8.82

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 8.82 **2020 Work RVU:** 8.98

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 7.3 **2020 Fac PE RVU:** 8.78

Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2018 Medicare Utilization:** 80,190

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.05 **2020 Work RVU:** 3.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 7.21 **2020 Fac PE RVU:** 1.48

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2018 Medicare Utilization:** 69,004

2007 Work RVU: 15.44 **2020 Work RVU:** 15.59
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2020 Fac PE RVU:** 12.34

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2018 Medicare Utilization:** 16,973

2007 Work RVU: **2020 Work RVU:** 13.16
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 10.84

RUC Recommendation: 13.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2018 Medicare Utilization:** 103

2007 Work RVU: 5.80 **2020 Work RVU:** 5.88
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2020 Fac PE RVU:** 6.12

RUC Recommendation: No NF PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2018 Medicare Utilization:** 112

2007 Work RVU: 5.59 **2020 Work RVU:** 5.68
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2020 Fac PE RVU:**6.29
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2018 Medicare Utilization:** 994

2007 Work RVU: 5.11 **2020 Work RVU:** 5.19
2007 NF PE RVU: NA **2020 NF PE RVU:** 10.26
2007 Fac PE RVU 4.72 **2020 Fac PE RVU:**5.65
Result: PE Only

RUC Recommendation: New PE non-facility inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,267

2007 Work RVU: 14.14 **2020 Work RVU:** 14.30
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2020 Fac PE RVU:**11.30
Result: Maintain

RUC Recommendation: 14.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: 5.74 **2020 Work RVU:** 5.88
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2020 Fac PE RVU:**7.31
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method** **Global:** 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:** 47,480

2007 Work RVU: 3.48 **2020 Work RVU:** 3.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 4.66
2007 Fac PE RVU 6.29 **2020 Fac PE RVU:** 1.69

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,353

2007 Work RVU: 12.20 **2020 Work RVU:** 12.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2020 Fac PE RVU:** 14.48

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2018 Medicare Utilization:** 93,260

2007 Work RVU: 1.21 **2020 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2020 NF PE RVU:** 2.81
2007 Fac PE RVU 0.31 **2020 Fac PE RVU:** 0.36

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 52,088

2007 Work RVU: 1.54 **2020 Work RVU:** 1.54
2007 NF PE RVU: 2.8 **2020 NF PE RVU:** 4.68
2007 Fac PE RVU 0.47 **2020 Fac PE RVU:**0.47

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 5,966

2007 Work RVU: 1.97 **2020 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2020 NF PE RVU:** 7.33
2007 Fac PE RVU 0.69 **2020 Fac PE RVU:**0.76

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 885

2007 Work RVU: 2.45 **2020 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2020 NF PE RVU:** 7.22
2007 Fac PE RVU 1.07 **2020 Fac PE RVU:**1.10

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2018 Medicare Utilization:** 621,794

2007 Work RVU: 1.10 **2020 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2020 NF PE RVU:** 4.25
2007 Fac PE RVU 0.84 **2020 Fac PE RVU:**0.59

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2018 Medicare Utilization:** 132,828

2007 Work RVU: 2.98 **2020 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2020 NF PE RVU:** 4.26
2007 Fac PE RVU 1.72 **2020 Fac PE RVU:**1.59

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2018 Medicare Utilization:** 30,462

2007 Work RVU: 3.26 **2020 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2020 NF PE RVU:** 3.99
2007 Fac PE RVU 1.9 **2020 Fac PE RVU:**1.65

RUC Recommendation: 2.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2018 Medicare Utilization:** 1,424

2007 Work RVU: 9.23 **2020 Work RVU:** 9.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2020 Fac PE RVU:**7.46

RUC Recommendation: 9.04

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2018 Medicare Utilization:** 6,190

2007 Work RVU: 2.61 **2020 Work RVU:** 2.61
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2020 Fac PE RVU:**1.56

RUC Recommendation: 2.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS

First Identified: April 2015 **2018 Medicare Utilization:** 377

RUC Recommendation: 8.51

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2020 Work RVU:** 8.00
2007 NF PE RVU:	**2020 NF PE RVU:** NA
2007 Fac PE RVU	**2020 Fac PE RVU:** 3.68
Result: Decrease	

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS

First Identified: April 2015 **2018 Medicare Utilization:** 7,870

RUC Recommendation: 9.00

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2020 Work RVU:** 9.00
2007 NF PE RVU:	**2020 NF PE RVU:** NA
2007 Fac PE RVU	**2020 Fac PE RVU:** 4.16
Result: Decrease	

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2018 Medicare Utilization:** 12,722

RUC Recommendation: 4.27

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 4.64	**2020 Work RVU:** 4.27
2007 NF PE RVU: NA	**2020 NF PE RVU:** 7.14
2007 Fac PE RVU 2.57	**2020 Fac PE RVU:** 2.13
Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 12,698

2007 Work RVU: 6.95 **2020 Work RVU:** 5.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2020 Fac PE RVU:** 2.77

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 15,759

2007 Work RVU: 3.29 **2020 Work RVU:** 3.11
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.92 **2020 Fac PE RVU:** 1.63

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 5,105

2007 Work RVU: **2020 Work RVU:** 8.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.73

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 7,157

2007 Work RVU: **2020 Work RVU:** 8.48
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.93
Result: Decrease

RUC Recommendation: 8.48 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 28,493

2007 Work RVU: 5.45 **2020 Work RVU:** 4.68
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.96 **2020 Fac PE RVU:** 2.30
Result: Decrease

RUC Recommendation: 4.68 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 16,302

2007 Work RVU: 8.84 **2020 Work RVU:** 6.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.58 **2020 Fac PE RVU:** 3.20
Result: Decrease

RUC Recommendation: 6.75 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 3,763

2007 Work RVU: 3.91 **2020 Work RVU:** 3.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2020 Fac PE RVU:** 1.80

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 4,507

2007 Work RVU: 4.57 **2020 Work RVU:** 4.10
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2020 Fac PE RVU:** 2.05

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 28,451

2007 Work RVU: **2020 Work RVU:** 2.70
2007 NF PE RVU: **2020 NF PE RVU:** 50.47
2007 Fac PE RVU **2020 Fac PE RVU:** 1.45

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 10,083

2007 Work RVU: **2020 Work RVU:** 3.10
2007 NF PE RVU: **2020 NF PE RVU:** 50.74
2007 Fac PE RVU **2020 Fac PE RVU:** 1.62

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 2,962

2007 Work RVU: **2020 Work RVU:** 2.44
2007 NF PE RVU: **2020 NF PE RVU:** 50.34
2007 Fac PE RVU **2020 Fac PE RVU:** 1.34

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2018 Medicare Utilization:** 18,313

2007 Work RVU: **2020 Work RVU:** 4.50
2007 NF PE RVU: **2020 NF PE RVU:** 96.99
2007 Fac PE RVU **2020 Fac PE RVU:** 2.22

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 275,667

2007 Work RVU: 2.33 **2020 Work RVU:** 3.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2020 Fac PE RVU:** 0.71

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 21.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 19.15

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:** 12

2007 Work RVU: **2020 Work RVU:** 20.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 18.74

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 22.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 22.85

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:** 17

2007 Work RVU: **2020 Work RVU:** 22.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 22.86

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 5,125

2007 Work RVU: 4.26 **2020 Work RVU:** 4.26
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2020 Fac PE RVU:** 2.26

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2018 Medicare Utilization: 644,632

2007 Work RVU: 1.10 **2020 Work RVU:** 0.94

2007 NF PE RVU: 1.82 **2020 NF PE RVU:** 2.43

2007 Fac PE RVU 0.84 **2020 Fac PE RVU:** 0.84

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2018 Medicare Utilization: 81,566

2007 Work RVU: 2.26 **2020 Work RVU:** 1.88

2007 NF PE RVU: 3.5 **2020 NF PE RVU:** 3.32

2007 Fac PE RVU 1.37 **2020 Fac PE RVU:** 1.27

RUC Recommendation: 1.94

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

Screen: 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2018 Medicare Utilization: 21

2007 Work RVU: 14.46 **2020 Work RVU:** 14.60

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 15.31 **2020 Fac PE RVU:** 19.69

RUC Recommendation: 14.60

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2018 Medicare Utilization:**

2007 Work RVU: 22.87 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 24.48 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2018 Medicare Utilization:** 24

2007 Work RVU: 20.35 **2020 Work RVU:** 17.58
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2020 Fac PE RVU:** 20.18

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2018 Medicare Utilization:** 13

2007 Work RVU: 15.12 **2020 Work RVU:** 15.27
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2020 Fac PE RVU:** 16.50

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 14.62 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 13.07 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2018 Medicare Utilization:** 1,118

RUC Recommendation: 15.60

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 13.56

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 15.34

Result: Decrease

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2018 Medicare Utilization:** 24

RUC Recommendation: 25.00

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 25.00

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 20.67

Result: Decrease

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2018 Medicare Utilization:** 25,780

RUC Recommendation: 5.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 7.17 **2020 Work RVU:** 5.56

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 2.95 **2020 Fac PE RVU:** 2.32

Result: Increase

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2018 Medicare Utilization:** 12

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 4.44 **2020 Work RVU:** 8.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 2.21 **2020 Fac PE RVU:** 3.83

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 865

2007 Work RVU: 4.14 **2020 Work RVU:** 6.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**2.29
Result: Increase

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 Medicare Utilization:** 322

2007 Work RVU: 3.57 **2020 Work RVU:** 6.45
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.1 **2020 Fac PE RVU:**2.01
Result: Increase

RUC Recommendation: 6.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2018 Medicare Utilization:** 1,722

2007 Work RVU: 9.29 **2020 Work RVU:** 12.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.99 **2020 Fac PE RVU:**13.52
Result: Increase

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 829

2007 Work RVU: 5.92 **2020 Work RVU:** 6.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2020 Fac PE RVU:**8.28
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:**

2007 Work RVU: 1.40 **2020 Work RVU:**
2007 NF PE RVU: 5.73 **2020 NF PE RVU:**
2007 Fac PE RVU 0.5 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 56,240

2007 Work RVU: 2.78 **2020 Work RVU:** 2.53
2007 NF PE RVU: 5.55 **2020 NF PE RVU:** 4.09
2007 Fac PE RVU 1.02 **2020 Fac PE RVU:**0.99

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2018 Medicare Utilization:** 28,741

2007 Work RVU: 2.88 **2020 Work RVU:** 2.63
2007 NF PE RVU: 6.32 **2020 NF PE RVU:** 4.81
2007 Fac PE RVU 1.02 **2020 Fac PE RVU:**0.97

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2018 Medicare Utilization:** 117,145

2007 Work RVU: 2.88 **2020 Work RVU:** 2.63
2007 NF PE RVU: 5.67 **2020 NF PE RVU:** 4.30
2007 Fac PE RVU 1.02 **2020 Fac PE RVU:**1.01

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2018 Medicare Utilization:** 19,865

2007 Work RVU: 3.36 **2020 Work RVU:** 3.11
2007 NF PE RVU: 5.73 **2020 NF PE RVU:** 6.42
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:** 1.12

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 1,975

2007 Work RVU: **2020 Work RVU:** 3.91
2007 NF PE RVU: **2020 NF PE RVU:** 19.49
2007 Fac PE RVU **2020 Fac PE RVU:** 1.37

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 32,349

2007 Work RVU: 3.80 **2020 Work RVU:** 3.55
2007 NF PE RVU: 7.02 **2020 NF PE RVU:** 6.58
2007 Fac PE RVU 1.26 **2020 Fac PE RVU:** 1.24

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 13,589

2007 Work RVU: 4.09 **2020 Work RVU:** 3.75
2007 NF PE RVU: 13.7 **2020 NF PE RVU:** 8.80
2007 Fac PE RVU 1.35 **2020 Fac PE RVU:** 1.31

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 4,016

2007 Work RVU: 1.03 **2020 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2020 NF PE RVU:** 0.70
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:**0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2018 Medicare Utilization:** 1,495

2007 Work RVU: 1.32 **2020 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2020 NF PE RVU:** 0.85
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**0.41

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2018 Medicare Utilization:** 33,744

2007 Work RVU: 3.16 **2020 Work RVU:** 2.88
2007 NF PE RVU: 5.05 **2020 NF PE RVU:** 4.38
2007 Fac PE RVU 1.09 **2020 Fac PE RVU:**1.09

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2018 Medicare Utilization:** 4,617

2007 Work RVU: 2.72 **2020 Work RVU:** 2.78
2007 NF PE RVU: 4.76 **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.97 **2020 Fac PE RVU:** 1.06

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2018 Medicare Utilization:** 24,323

2007 Work RVU: **2020 Work RVU:** 4.46
2007 NF PE RVU: **2020 NF PE RVU:** 26.41
2007 Fac PE RVU **2020 Fac PE RVU:** 1.53

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2018 Medicare Utilization:** 11,690

2007 Work RVU: **2020 Work RVU:** 4.96
2007 NF PE RVU: **2020 NF PE RVU:** 27.21
2007 Fac PE RVU **2020 Fac PE RVU:** 1.68

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014 **2018 Medicare Utilization:** 7,428

RUC Recommendation: 1.70

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 1.40

2007 NF PE RVU: **2020 NF PE RVU:** 1.97

2007 Fac PE RVU **2020 Fac PE RVU:** 0.43

Result: Decrease

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.99 **2020 Work RVU:**

2007 NF PE RVU: 20.21 **2020 NF PE RVU:**

2007 Fac PE RVU 1.26 **2020 Fac PE RVU:**

Result: Deleted from CPT

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2018 Medicare Utilization:** 68,226

RUC Recommendation: Deleted from CPT

Referred to CPT February 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.93 **2020 Work RVU:** 1.68

2007 NF PE RVU: 0.64 **2020 NF PE RVU:** 9.51

2007 Fac PE RVU 0.61 **2020 Fac PE RVU:** 0.78

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.18 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.66 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2018 Medicare Utilization:** 338

2007 Work RVU: 27.17 **2020 Work RVU:** 27.28
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2020 Fac PE RVU:** 11.78

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2018 Medicare Utilization:** 5,204

2007 Work RVU: 25.71 **2020 Work RVU:** 25.82
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2020 Fac PE RVU:** 11.05

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2018 Medicare Utilization:** 362

2007 Work RVU: 27.28 **2020 Work RVU:** 27.44
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2020 Fac PE RVU:** 12.11

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2018 Medicare Utilization:** 32

2007 Work RVU: 25.09 **2020 Work RVU:** 25.24
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2020 Fac PE RVU:** 11.50

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32408

Global: **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 4.00

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2018 Medicare Utilization:** 35,741

2007 Work RVU: **2020 Work RVU:** 3.04
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.99

RUC Recommendation: 3.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 15,228

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 4.32
2007 Fac PE RVU **2020 Fac PE RVU:** 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 226,109

2007 Work RVU: **2020 Work RVU:** 2.27
2007 NF PE RVU: **2020 NF PE RVU:** 6.39
2007 Fac PE RVU **2020 Fac PE RVU:** 0.76

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 3,647

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 16.27
2007 Fac PE RVU **2020 Fac PE RVU:** 0.78

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 38,558

2007 Work RVU: **2020 Work RVU:** 3.12
2007 NF PE RVU: **2020 NF PE RVU:** 14.16
2007 Fac PE RVU **2020 Fac PE RVU:** 1.01

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2018 Medicare Utilization:** 9,005

2007 Work RVU: 24.56 **2020 Work RVU:** 24.64
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2020 Fac PE RVU:** 10.21

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33010 **Pericardiocentesis; initial**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 6,352

2007 Work RVU: 2.24 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.85 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33011 **Pericardiocentesis; subsequent**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 69

2007 Work RVU: 2.24 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.89 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33015 **Tube pericardiostomy**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2017 **2018 Medicare Utilization:** 1,116

2007 Work RVU: 8.44 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.98 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33016 **Pericardiocentesis, including imaging guidance, when performed**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.40
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.53

RUC Recommendation: 5.00

Referred to CPT September 2018
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33017 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.62
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.58

RUC Recommendation: 5.50

Referred to CPT September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

33018 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 5.40
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.77

RUC Recommendation: 6.00

Referred to CPT September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

33019 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.29
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.47

RUC Recommendation: 5.00

Referred to CPT September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2018 **2018 Medicare Utilization:** 156

2007 Work RVU: 14.87 **2020 Work RVU:** 14.31
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2020 Fac PE RVU:** 6.32

RUC Recommendation: 14.31

Referred to CPT May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33025 **Creation of pericardial window or partial resection for drainage** **Global:** 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 10 **Specialty Developing Recommendation:** AATS, STS **First Identified:** April 2017 **2018 Medicare Utilization:** 4,901

2007 Work RVU: 13.65 **2020 Work RVU:** 13.20
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.25 **2020 Fac PE RVU:**6.06

RUC Recommendation: 13.20 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 13,272

2007 Work RVU: 9.05 **2020 Work RVU:** 7.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2020 Fac PE RVU:**4.40

RUC Recommendation: 8.05 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 102,096

2007 Work RVU: 8.12 **2020 Work RVU:** 8.52
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2020 Fac PE RVU:**4.72

RUC Recommendation: 8.77 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2018 Medicare Utilization:** 405

RUC Recommendation: 5.26

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.51 **2020 Work RVU:** 5.01

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.46 **2020 Fac PE RVU:** 3.20

Result: Decrease

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2018 Medicare Utilization:** 1,235

RUC Recommendation: 5.53

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.36 **2020 Work RVU:** 5.28

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.87 **2020 Fac PE RVU:** 3.28

Result: Decrease

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 250

RUC Recommendation: 5.80

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.55

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.70

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 3,692

RUC Recommendation: 5.50

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.25

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.40

Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 23,977

RUC Recommendation: 5.77

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.52

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.52

Result: Decrease

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 5,054

RUC Recommendation: 6.04

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.79

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.80

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 191

RUC Recommendation: 6.32

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.07

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.70

Result: Decrease

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2018 Medicare Utilization:** 170

RUC Recommendation: 6.59

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.34

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.91

Result: Decrease

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2018 Medicare Utilization:** 8,570

RUC Recommendation: 3.39

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.33 **2020 Work RVU:** 3.14

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.29 **2020 Fac PE RVU:** 2.86

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 333

2007 Work RVU: 7.61 **2020 Work RVU:** 5.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **2020 Fac PE RVU:**3.50

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 6,413

2007 Work RVU: 3.26 **2020 Work RVU:** 3.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **2020 Fac PE RVU:**2.51

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 45,143

2007 Work RVU: 15.02 **2020 Work RVU:** 14.92
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2020 Fac PE RVU:**8.41

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2018 Medicare Utilization:** 3,536

2007 Work RVU: **2020 Work RVU:** 5.81
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.74

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2018 Medicare Utilization:** 9,766

2007 Work RVU: **2020 Work RVU:** 6.08
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.85

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2018 Medicare Utilization:** 12,918

2007 Work RVU: **2020 Work RVU:** 6.35
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.00

RUC Recommendation: 6.60 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 49,122

2007 Work RVU: 4.70 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.1 **2020 Fac PE RVU:**

RUC Recommendation: 3.50

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 15,595

2007 Work RVU: 3.04 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.5 **2020 Fac PE RVU:**

RUC Recommendation: 3.00

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2018 Medicare Utilization:** 20,509

2007 Work RVU: 41.19 **2020 Work RVU:** 41.32
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2020 Fac PE RVU:** 15.08

RUC Recommendation: 41.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2018 Medicare Utilization:** 7,847

2007 Work RVU: 50.75 **2020 Work RVU:** 50.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2020 Fac PE RVU:** 18.64

RUC Recommendation: 50.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2018 Medicare Utilization:** 60,800

2007 Work RVU: 33.64 **2020 Work RVU:** 33.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2020 Fac PE RVU:** 12.78

RUC Recommendation: 34.98

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2018 Medicare Utilization:** 52

2007 Work RVU: **2020 Work RVU:** 30.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 10.93

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2018 Medicare Utilization:** 1

2007 Work RVU: **2020 Work RVU:** 16.18
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 7.03

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2018 Medicare Utilization:** 1

2007 Work RVU: **2020 Work RVU:** 64.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 20.86

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2018 Medicare Utilization:** 1,813

2007 Work RVU: 58.71 **2020 Work RVU:** 58.79
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2020 Fac PE RVU:** 19.20

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 791

2007 Work RVU: 89.08 **2020 Work RVU:** 89.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2020 Fac PE RVU:**30.77

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2018 Medicare Utilization:** 575

2007 Work RVU: **2020 Work RVU:** 6.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**1.76

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2018 Medicare Utilization:** 1,385

2007 Work RVU: **2020 Work RVU:** 6.63
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**1.94

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2018 Medicare Utilization:** 3,675

2007 Work RVU: **2020 Work RVU:** 4.73
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**1.46

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2018 Medicare Utilization:** 4,629

2007 Work RVU: **2020 Work RVU:** 4.60
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.37

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 8.15
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.32

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2018 Medicare Utilization:** 1,330

2007 Work RVU: **2020 Work RVU:** 8.15
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.50

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 9.11
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.58

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 383

2007 Work RVU: **2020 Work RVU:** 9.11
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.68

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 372

2007 Work RVU: **2020 Work RVU:** 16.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.60

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 3.51
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.06

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 65

2007 Work RVU: **2020 Work RVU:** 3.51
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.06

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.47
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.31

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2018 Medicare Utilization:**

2007 Work RVU: 19.33 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.09 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2018 Medicare Utilization:**

2007 Work RVU: 10.91 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.45 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 35

2007 Work RVU: **2020 Work RVU:** 4.47
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.31

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 9.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.55

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 17

2007 Work RVU: **2020 Work RVU:** 9.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.69

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 3.51
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.06

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 409

2007 Work RVU: **2020 Work RVU:** 4.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.41

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 5.22
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.52

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 471

2007 Work RVU: **2020 Work RVU:** 5.46
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.54

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 1

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 9.89
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.80
Result: Maintain

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 231

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 10.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.92
Result: Maintain

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 63

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.04
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.10
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 Medicare Utilization:** 40

2007 Work RVU: **2020 Work RVU:** 15.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.19

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2018 Medicare Utilization:** 23

2007 Work RVU: **2020 Work RVU:** 9.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.69

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33741

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 14.00 **Referred to CPT** September 2019 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33745

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 20.00 **Referred to CPT** September 2019 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33746

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 10.50 **Referred to CPT** September 2019 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 930

2007 Work RVU: **2020 Work RVU:** 23.71
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**7.00

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 118

2007 Work RVU: **2020 Work RVU:** 36.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**9.64

RUC Recommendation: 36.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 1,360

2007 Work RVU: **2020 Work RVU:** 26.52
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 7.26
Result: Decrease

RUC Recommendation: 26.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 140

2007 Work RVU: **2020 Work RVU:** 45.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 11.02
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 13,022

2007 Work RVU: **2020 Work RVU:** 29.58
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 8.17
Result: Decrease

RUC Recommendation: 29.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 688

2007 Work RVU: **2020 Work RVU:** 45.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 11.78
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 656

2007 Work RVU: **2020 Work RVU:** 22.28
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 6.41
Result: Decrease

RUC Recommendation: 22.28

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 86

2007 Work RVU: **2020 Work RVU:** 36.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 9.21
Result: Decrease

RUC Recommendation: 36.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 4,265

2007 Work RVU: **2020 Work RVU:** 6.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.42

RUC Recommendation: 6.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 1,147

2007 Work RVU: **2020 Work RVU:** 15.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.91

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 346

RUC Recommendation: 6.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.30
Result: Decrease

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 1,210

RUC Recommendation: 12.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 12.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.49
Result: Decrease

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 13,358

RUC Recommendation: 2.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.57
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 441

2007 Work RVU: **2020 Work RVU:** 5.25
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.41

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 187

2007 Work RVU: **2020 Work RVU:** 6.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.31

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2018 Medicare Utilization:** 572

2007 Work RVU: **2020 Work RVU:** 7.19
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.98

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 21.46 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 8.72 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 23.71 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 9.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 24.74 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 9.68 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 23.71 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 9.37 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 22.59 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 9.04 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2018 Medicare Utilization:** 11,135

2007 Work RVU: 6.74 **2020 Work RVU:** 4.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2020 Fac PE RVU:**0.92

RUC Recommendation: 4.13 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:** 100

2007 Work RVU: 9.74 **2020 Work RVU:** 7.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.04 **2020 Fac PE RVU:**1.53

RUC Recommendation: 7.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 12.72 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.89 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 4.12 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.31 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:** 61

2007 Work RVU: 11.98 **2020 Work RVU:** 8.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.15 **2020 Fac PE RVU:**1.66

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:** 429

2007 Work RVU: 5.34 **2020 Work RVU:** 2.65
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.04 **2020 Fac PE RVU:**0.50

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 16.77 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 7.24 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2018 Medicare Utilization:** 37,362

2007 Work RVU: 19.53 **2020 Work RVU:** 21.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2020 Fac PE RVU:**6.67

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 10.05 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.47 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic** **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 6.90 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.48 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 6.03 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.19 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 7.34 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.64 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 9.48 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.33 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 8.62 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.01 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35460 **Transluminal balloon angioplasty, open; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 6.03 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35470 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 8.62 **2020 Work RVU:**
2007 NF PE RVU: 81.78 **2020 NF PE RVU:**
2007 Fac PE RVU 3.37 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 10.05 **2020 Work RVU:**
2007 NF PE RVU: 91.6 **2020 NF PE RVU:**
2007 Fac PE RVU 4.13 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 6.90 **2020 Work RVU:**
2007 NF PE RVU: 60.05 **2020 NF PE RVU:**
2007 Fac PE RVU 2.75 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 6.03 **2020 Work RVU:**
2007 NF PE RVU: 56.4 **2020 NF PE RVU:**
2007 Fac PE RVU 2.43 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 7.35 **2020 Work RVU:**
2007 NF PE RVU: 80.7 **2020 NF PE RVU:**
2007 Fac PE RVU 2.9 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 9.48 **2020 Work RVU:**
2007 NF PE RVU: 53.95 **2020 NF PE RVU:**
2007 Fac PE RVU 3.48 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 6.03 **2020 Work RVU:**
2007 NF PE RVU: 42.45 **2020 NF PE RVU:**
2007 Fac PE RVU 2.26 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 11.06 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.11 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35491 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 7.60 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.46 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 6.64 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.3 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 8.09 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.89 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 10.42 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.64 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 9.48 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.45 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2018 Medicare Utilization:** 776

2007 Work RVU: 9.11 **2020 Work RVU:** 7.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.93 **2020 Fac PE RVU:** 3.91

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 7.12
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.23

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 7.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.88

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery** **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2018 Medicare Utilization:** 565

2007 Work RVU: 7.66 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.26 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2018 Medicare Utilization:** 193

2007 Work RVU: 8.61 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.49 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2018 Medicare Utilization:** 1,824

2007 Work RVU: 5.84 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.88 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2020 NF PE RVU:** 0.60
2007 Fac PE RVU 0.05 **2020 Fac PE RVU:**0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 15,742

2007 Work RVU: 2.43 **2020 Work RVU:** 2.18
2007 NF PE RVU: 17.17 **2020 NF PE RVU:** 12.48
2007 Fac PE RVU 0.77 **2020 Fac PE RVU:**0.63

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2018 Medicare Utilization:** 21,366

2007 Work RVU: 2.01 **2020 Work RVU:** 1.76
2007 NF PE RVU: 12.15 **2020 NF PE RVU:** 11.55
2007 Fac PE RVU 0.65 **2020 Fac PE RVU:**0.49

RUC Recommendation: Remove from re-review

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36145 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 2.01 **2020 Work RVU:**
2007 NF PE RVU: 11.87 **2020 NF PE RVU:**
2007 Fac PE RVU 0.64 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 47,157

2007 Work RVU: 4.67 **2020 Work RVU:** 4.17
2007 NF PE RVU: 26.59 **2020 NF PE RVU:** 26.01
2007 Fac PE RVU 1.65 **2020 Fac PE RVU:** 1.42

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 4,586

2007 Work RVU: 5.27 **2020 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2020 NF PE RVU:** 26.35
2007 Fac PE RVU 1.82 **2020 Fac PE RVU:** 1.68

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2018 Medicare Utilization:** 4,225

2007 Work RVU: 6.29 **2020 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2020 NF PE RVU:** 46.44
2007 Fac PE RVU 2.17 **2020 Fac PE RVU:** 2.02

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2018 Medicare Utilization:** 1,662

2007 Work RVU: 1.01 **2020 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2020 NF PE RVU:** 5.35
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:** 0.31

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 2,393

2007 Work RVU: **2020 Work RVU:** 3.92
2007 NF PE RVU: **2020 NF PE RVU:** 25.30
2007 Fac PE RVU **2020 Fac PE RVU:** 1.09

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 8,773

2007 Work RVU: **2020 Work RVU:** 5.28
2007 NF PE RVU: **2020 NF PE RVU:** 29.11
2007 Fac PE RVU **2020 Fac PE RVU:** 1.75

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 29,481

2007 Work RVU: **2020 Work RVU:** 5.75
2007 NF PE RVU: **2020 NF PE RVU:** 38.58
2007 Fac PE RVU **2020 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 35,688

2007 Work RVU: **2020 Work RVU:** 6.25
2007 NF PE RVU: **2020 NF PE RVU:** 51.11
2007 Fac PE RVU **2020 Fac PE RVU:** 2.61

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 11,105

2007 Work RVU: **2020 Work RVU:** 5.75
2007 NF PE RVU: **2020 NF PE RVU:** 36.67
2007 Fac PE RVU **2020 Fac PE RVU:** 2.07

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 32,331

2007 Work RVU: **2020 Work RVU:** 6.25
2007 NF PE RVU: **2020 NF PE RVU:** 47.96
2007 Fac PE RVU **2020 Fac PE RVU:** 2.53

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 12,831

2007 Work RVU: **2020 Work RVU:** 2.09
2007 NF PE RVU: **2020 NF PE RVU:** 4.51
2007 Fac PE RVU **2020 Fac PE RVU:** 0.81

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 2,387

2007 Work RVU: **2020 Work RVU:** 4.25
2007 NF PE RVU: **2020 NF PE RVU:** 32.35
2007 Fac PE RVU **2020 Fac PE RVU:** 1.66

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2018 Medicare Utilization:** 43,425

2007 Work RVU: 4.67 **2020 Work RVU:** 4.65
2007 NF PE RVU: 31.17 **2020 NF PE RVU:** 32.76
2007 Fac PE RVU 1.78 **2020 Fac PE RVU:** 1.46

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 37,868

2007 Work RVU: 5.27 **2020 Work RVU:** 5.02
2007 NF PE RVU: 29.18 **2020 NF PE RVU:** 18.57
2007 Fac PE RVU 1.84 **2020 Fac PE RVU:**1.37

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 67,202

2007 Work RVU: 6.29 **2020 Work RVU:** 6.04
2007 NF PE RVU: 48.22 **2020 NF PE RVU:** 36.17
2007 Fac PE RVU 2.17 **2020 Fac PE RVU:**1.69

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2018 Medicare Utilization:** 28,228

2007 Work RVU: 1.01 **2020 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2020 NF PE RVU:** 2.80
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.29

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2018 Medicare Utilization:** 3,841

2007 Work RVU: **2020 Work RVU:** 5.10
2007 NF PE RVU: **2020 NF PE RVU:** 33.79
2007 Fac PE RVU **2020 Fac PE RVU:** 1.54

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2018 Medicare Utilization:** 8,699

2007 Work RVU: **2020 Work RVU:** 6.74
2007 NF PE RVU: **2020 NF PE RVU:** 34.65
2007 Fac PE RVU **2020 Fac PE RVU:** 2.27

RUC Recommendation: 7.38 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2018 Medicare Utilization:** 1,528

2007 Work RVU: **2020 Work RVU:** 7.30
2007 NF PE RVU: **2020 NF PE RVU:** 54.87
2007 Fac PE RVU **2020 Fac PE RVU:** 2.26

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2018 Medicare Utilization:** 178

2007 Work RVU: **2020 Work RVU:** 7.90
2007 NF PE RVU: **2020 NF PE RVU:** 52.15
2007 Fac PE RVU **2020 Fac PE RVU:** 2.54
Result: Decrease

RUC Recommendation: 8.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2018 Medicare Utilization:** 154,533

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2020 NF PE RVU:** 0.29
2007 Fac PE RVU 0.05 **2020 Fac PE RVU:** 0.07
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2018 Medicare Utilization:** 111,700

2007 Work RVU: 6.72 **2020 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2020 NF PE RVU:** 32.56
2007 Fac PE RVU 2.39 **2020 Fac PE RVU:** 1.72
Result: Decrease

RUC Recommendation: 5.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2018 Medicare Utilization:** 8,250

2007 Work RVU: 3.38 **2020 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU 1.08 **2020 Fac PE RVU:** 0.73
Result: Decrease

RUC Recommendation: 2.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2018 Medicare Utilization:** 69,355

2007 Work RVU: 6.72 **2020 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2020 NF PE RVU:** 23.95
2007 Fac PE RVU 2.41 **2020 Fac PE RVU:** 1.75
Result: Decrease

RUC Recommendation: 5.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2018 Medicare Utilization:** 7,189

2007 Work RVU: 3.38 **2020 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2020 NF PE RVU:** 6.11
2007 Fac PE RVU 1.1 **2020 Fac PE RVU:** 0.79
Result: Decrease

RUC Recommendation: 2.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2018 Medicare Utilization: 791

2007 Work RVU: 6.98 **2020 Work RVU:** 6.73

2007 NF PE RVU: NA **2020 NF PE RVU:** 47.25

2007 Fac PE RVU 2.46 **2020 Fac PE RVU:**2.16

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2018 Medicare Utilization: 248

2007 Work RVU: 1.74 **2020 Work RVU:** 2.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.69 **2020 Fac PE RVU:**1.02

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2018 Medicare Utilization: 2,631

2007 Work RVU: 1.74 **2020 Work RVU:** 2.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.71 **2020 Fac PE RVU:**0.99

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2018 Medicare Utilization: 233

2007 Work RVU: 1.74 **2020 Work RVU:** 2.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.68 **2020 Fac PE RVU:**0.91

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2018 Medicare Utilization:** 28,695

2007 Work RVU: 1.74 **2020 Work RVU:** 1.81
2007 NF PE RVU: 15.33 **2020 NF PE RVU:** 17.21
2007 Fac PE RVU 0.67 **2020 Fac PE RVU:**0.79

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 1.74 **2020 Work RVU:**
2007 NF PE RVU: 60.92 **2020 NF PE RVU:**
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: October 2008 **2018 Medicare Utilization:** 1,363

2007 Work RVU: 1.22 **2020 Work RVU:** 1.56
2007 NF PE RVU: 75.37 **2020 NF PE RVU:** 53.63
2007 Fac PE RVU 0.46 **2020 Fac PE RVU:**0.63

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

36522 **Photopheresis, extracorporeal** **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2018 Medicare Utilization:** 8,501

2007 Work RVU: 1.67 **2020 Work RVU:** 1.75
2007 NF PE RVU: 33.02 **2020 NF PE RVU:** 52.74
2007 Fac PE RVU 0.94 **2020 Fac PE RVU:**0.96

RUC Recommendation: 1.75. Refer to CPT Assistant **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 36

2007 Work RVU: 2.68 **2020 Work RVU:** 1.93
2007 NF PE RVU: 5.34 **2020 NF PE RVU:** 3.27
2007 Fac PE RVU 0.76 **2020 Fac PE RVU:**0.36

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 441,058

2007 Work RVU: 2.50 **2020 Work RVU:** 1.75
2007 NF PE RVU: 4.93 **2020 NF PE RVU:** 4.11
2007 Fac PE RVU 0.7 **2020 Fac PE RVU:**0.49

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2016 **2018 Medicare Utilization:** 9

2007 Work RVU: 1.92 **2020 Work RVU:** 2.11
2007 NF PE RVU: 7.03 **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:**0.36

RUC Recommendation: 2.11

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2015 **2018 Medicare Utilization:** 130,304

2007 Work RVU: 1.82 **2020 Work RVU:** 1.90
2007 NF PE RVU: 6.55 **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:**0.65

RUC Recommendation: 1.90. Review at RAW in October 2021.

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 10.37
2007 Fac PE RVU **2020 Fac PE RVU:**0.65

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.70
2007 NF PE RVU: **2020 NF PE RVU:** 9.49
2007 Fac PE RVU **2020 Fac PE RVU:** 0.56

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2018 Medicare Utilization:** 4,962

2007 Work RVU: 1.20 **2020 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2020 NF PE RVU:** 8.61
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:** 0.42

RUC Recommendation: 1.47 **Referred to CPT** September 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2018 Medicare Utilization:** 575,511

2007 Work RVU: 1.15 **2020 Work RVU:** 1.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:** 0.19

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2018 Medicare Utilization:** 5,785

2007 Work RVU: 11.81 **2020 Work RVU:** 12.39
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2020 Fac PE RVU:**4.78

RUC Recommendation: 13.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2018 Medicare Utilization:** 8,069

2007 Work RVU: 14.39 **2020 Work RVU:** 13.29
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2020 Fac PE RVU:**4.83

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,630

2007 Work RVU: 14.39 **2020 Work RVU:** 13.07
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2020 Fac PE RVU:**5.04

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2018 Medicare Utilization:** 31,639

2007 Work RVU: 9.15 **2020 Work RVU:** 11.90
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2020 Fac PE RVU:** 4.58

RUC Recommendation: 11.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: February 2011 **2018 Medicare Utilization:**

2007 Work RVU: 5.51 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.23 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2018 Medicare Utilization:** 2,214

2007 Work RVU: 10.00 **2020 Work RVU:** 14.17
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2020 Fac PE RVU:** 5.57

RUC Recommendation: 15.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2018 Medicare Utilization:** 20,868

2007 Work RVU: 12.00 **2020 Work RVU:** 12.03
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2020 Fac PE RVU:** 4.51

RUC Recommendation: 11.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 11.11 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.68 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 5.17 **2020 Work RVU:**
2007 NF PE RVU: 49.54 **2020 NF PE RVU:**
2007 Fac PE RVU 2.99 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 70,819

2007 Work RVU: **2020 Work RVU:** 3.36
2007 NF PE RVU: **2020 NF PE RVU:** 15.89
2007 Fac PE RVU **2020 Fac PE RVU:** 1.06

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 200,427

2007 Work RVU: **2020 Work RVU:** 4.83
2007 NF PE RVU: **2020 NF PE RVU:** 31.51
2007 Fac PE RVU **2020 Fac PE RVU:** 1.47

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 20,207

2007 Work RVU: **2020 Work RVU:** 6.39
2007 NF PE RVU: **2020 NF PE RVU:** 139.01
2007 Fac PE RVU **2020 Fac PE RVU:** 1.88

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 4,984

2007 Work RVU: **2020 Work RVU:** 7.50
2007 NF PE RVU: **2020 NF PE RVU:** 46.24
2007 Fac PE RVU **2020 Fac PE RVU:** 2.23

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 42,804

2007 Work RVU: **2020 Work RVU:** 9.00
2007 NF PE RVU: **2020 NF PE RVU:** 58.60
2007 Fac PE RVU **2020 Fac PE RVU:** 2.73

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 14,035

2007 Work RVU: **2020 Work RVU:** 10.42
2007 NF PE RVU: **2020 NF PE RVU:** 169.86
2007 Fac PE RVU **2020 Fac PE RVU:** 3.07

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 66,371

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 16.25
2007 Fac PE RVU **2020 Fac PE RVU:** 0.84

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 5,336

2007 Work RVU: **2020 Work RVU:** 4.25
2007 NF PE RVU: **2020 NF PE RVU:** 54.75
2007 Fac PE RVU **2020 Fac PE RVU:** 1.14

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 5,573

2007 Work RVU: **2020 Work RVU:** 4.12
2007 NF PE RVU: **2020 NF PE RVU:** 52.10
2007 Fac PE RVU **2020 Fac PE RVU:** 1.11

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2018 Medicare Utilization:** 863

2007 Work RVU: 7.99 **2020 Work RVU:** 7.74
2007 NF PE RVU: NA **2020 NF PE RVU:** 167.70
2007 Fac PE RVU 2.89 **2020 Fac PE RVU:** 2.42

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2018 Medicare Utilization:** 28,981

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.46
2007 NF PE RVU: **2020 NF PE RVU:** 62.99
2007 Fac PE RVU **2020 Fac PE RVU:** 1.42
Result: Decrease

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2018 Medicare Utilization:** 41

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 7.10
2007 NF PE RVU: **2020 NF PE RVU:** 29.50
2007 Fac PE RVU **2020 Fac PE RVU:** 1.23
Result: Decrease

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2018 Medicare Utilization:** 7,587

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 7.10
2007 NF PE RVU: **2020 NF PE RVU:** 37.04
2007 Fac PE RVU **2020 Fac PE RVU:** 2.08
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 4.99 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.43 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 5.02 **2020 Work RVU:**
2007 NF PE RVU: 31.87 **2020 NF PE RVU:**
2007 Fac PE RVU 1.98 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 18.11 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.75 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 8.27 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.77 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 4.12 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.46 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 8.27 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.98 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 4.12 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.3 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 2.27 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.72 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 10.60 **2020 Work RVU:**
2007 NF PE RVU: 46.03 **2020 NF PE RVU:**
2007 Fac PE RVU 3.13 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 10,933

2007 Work RVU: **2020 Work RVU:** 7.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.14
Result: Decrease

RUC Recommendation: 8.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 3,614

2007 Work RVU: **2020 Work RVU:** 6.81
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.93
Result: Decrease

RUC Recommendation: 7.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 2,652

2007 Work RVU: **2020 Work RVU:** 4.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.29
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 6,498

2007 Work RVU: **2020 Work RVU:** 2.49
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.68

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 12,523

2007 Work RVU: **2020 Work RVU:** 7.90
2007 NF PE RVU: **2020 NF PE RVU:** 72.50
2007 Fac PE RVU **2020 Fac PE RVU:** 2.06

RUC Recommendation: Refer to CPT. 8.15 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 37,683

2007 Work RVU: **2020 Work RVU:** 9.75
2007 NF PE RVU: **2020 NF PE RVU:** 99.34
2007 Fac PE RVU **2020 Fac PE RVU:** 2.56

RUC Recommendation: Refer to CPT. 10.00 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 3,410

2007 Work RVU: **2020 Work RVU:** 3.73
2007 NF PE RVU: **2020 NF PE RVU:** 16.71
2007 Fac PE RVU **2020 Fac PE RVU:** 0.88

RUC Recommendation: Refer to CPT. 3.73 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 5,401

2007 Work RVU: **2020 Work RVU:** 4.25
2007 NF PE RVU: **2020 NF PE RVU:** 49.30
2007 Fac PE RVU **2020 Fac PE RVU:** 1.03

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 35,469

2007 Work RVU: **2020 Work RVU:** 8.75
2007 NF PE RVU: **2020 NF PE RVU:** 87.04
2007 Fac PE RVU **2020 Fac PE RVU:** 2.34

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 42,992

2007 Work RVU: **2020 Work RVU:** 11.75
2007 NF PE RVU: **2020 NF PE RVU:** 306.67
2007 Fac PE RVU **2020 Fac PE RVU:** 3.29

RUC Recommendation: Refer to CPT.

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 25,429

2007 Work RVU: **2020 Work RVU:** 10.24
2007 NF PE RVU: **2020 NF PE RVU:** 272.56
2007 Fac PE RVU **2020 Fac PE RVU:** 2.70

RUC Recommendation: Refer to CPT. 10.49

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 21,491

2007 Work RVU: **2020 Work RVU:** 14.25
2007 NF PE RVU: **2020 NF PE RVU:** 395.33
2007 Fac PE RVU **2020 Fac PE RVU:** 3.81

RUC Recommendation: Refer to CPT. 14.50

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 33,199

2007 Work RVU: **2020 Work RVU:** 10.75
2007 NF PE RVU: **2020 NF PE RVU:** 127.53
2007 Fac PE RVU **2020 Fac PE RVU:** 2.77
Result: Decrease

RUC Recommendation: Refer to CPT. 11.00

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 35,026

2007 Work RVU: **2020 Work RVU:** 13.80
2007 NF PE RVU: **2020 NF PE RVU:** 305.51
2007 Fac PE RVU **2020 Fac PE RVU:** 3.81
Result: Decrease

RUC Recommendation: Refer to CPT. 14.05

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 2,857

2007 Work RVU: **2020 Work RVU:** 13.55
2007 NF PE RVU: **2020 NF PE RVU:** 273.31
2007 Fac PE RVU **2020 Fac PE RVU:** 3.89
Result: Decrease

RUC Recommendation: Refer to CPT. 13.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 2,049

2007 Work RVU: **2020 Work RVU:** 14.75
2007 NF PE RVU: **2020 NF PE RVU:** 383.32
2007 Fac PE RVU **2020 Fac PE RVU:** 4.25

RUC Recommendation: Refer to CPT. 15.00 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 13,551

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** 24.28
2007 Fac PE RVU **2020 Fac PE RVU:** 1.04

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 8,339

2007 Work RVU: **2020 Work RVU:** 6.50
2007 NF PE RVU: **2020 NF PE RVU:** 27.89
2007 Fac PE RVU **2020 Fac PE RVU:** 1.67

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 359

2007 Work RVU: **2020 Work RVU:** 5.50
2007 NF PE RVU: **2020 NF PE RVU:** 103.75
2007 Fac PE RVU **2020 Fac PE RVU:** 1.62

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 91

2007 Work RVU: **2020 Work RVU:** 7.80
2007 NF PE RVU: **2020 NF PE RVU:** 106.94
2007 Fac PE RVU **2020 Fac PE RVU:** 2.29

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT** October 2020 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2018 Medicare Utilization:** 13,141

2007 Work RVU: **2020 Work RVU:** 8.75
2007 NF PE RVU: **2020 NF PE RVU:** 85.33
2007 Fac PE RVU **2020 Fac PE RVU:** 2.38

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2018 Medicare Utilization:** 1,565

2007 Work RVU: **2020 Work RVU:** 4.25
2007 NF PE RVU: **2020 NF PE RVU:** 48.05
2007 Fac PE RVU **2020 Fac PE RVU:** 1.03

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2018 Medicare Utilization:** 10,313

2007 Work RVU: **2020 Work RVU:** 6.04
2007 NF PE RVU: **2020 NF PE RVU:** 83.21
2007 Fac PE RVU **2020 Fac PE RVU:** 1.76

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2018 Medicare Utilization:** 5,122

2007 Work RVU: **2020 Work RVU:** 2.97
2007 NF PE RVU: **2020 NF PE RVU:** 38.28
2007 Fac PE RVU **2020 Fac PE RVU:** 0.86

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 1,875

2007 Work RVU: **2020 Work RVU:** 8.75
2007 NF PE RVU: **2020 NF PE RVU:** 130.10
2007 Fac PE RVU **2020 Fac PE RVU:** 2.61

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 8,680

2007 Work RVU: **2020 Work RVU:** 9.80
2007 NF PE RVU: **2020 NF PE RVU:** 205.62
2007 Fac PE RVU **2020 Fac PE RVU:** 2.69

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 14,276

2007 Work RVU: **2020 Work RVU:** 11.74
2007 NF PE RVU: **2020 NF PE RVU:** 260.80
2007 Fac PE RVU **2020 Fac PE RVU:** 3.52

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 12,171

2007 Work RVU: **2020 Work RVU:** 13.75
2007 NF PE RVU: **2020 NF PE RVU:** 185.77
2007 Fac PE RVU **2020 Fac PE RVU:** 4.30

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 8,765

2007 Work RVU: **2020 Work RVU:** 7.00
2007 NF PE RVU: **2020 NF PE RVU:** 50.20
2007 Fac PE RVU **2020 Fac PE RVU:** 1.97

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 Medicare Utilization:** 789

2007 Work RVU: **2020 Work RVU:** 3.50
2007 NF PE RVU: **2020 NF PE RVU:** 16.46
2007 Fac PE RVU **2020 Fac PE RVU:** 0.90

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2015 **2018 Medicare Utilization:** 15,513

RUC Recommendation: 6.00

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.00

2007 NF PE RVU: **2020 NF PE RVU:** 36.11

2007 Fac PE RVU **2020 Fac PE RVU:** 1.82

Result: Decrease

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2015 **2018 Medicare Utilization:** 3,831

RUC Recommendation: 2.97

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.97

2007 NF PE RVU: **2020 NF PE RVU:** 12.26

2007 Fac PE RVU **2020 Fac PE RVU:** 0.83

Result: Decrease

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

First Identified: July 2014 **2018 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.10 **2020 Work RVU:**

2007 NF PE RVU: NA **2020 NF PE RVU:**

2007 Fac PE RVU 0.77 **2020 Fac PE RVU:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2018 Medicare Utilization:**

2007 Work RVU: 1.60 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2018 Medicare Utilization:** 43,581

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 31.12
2007 Fac PE RVU **2020 Fac PE RVU:** 0.46

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2018 Medicare Utilization:** 65,235

2007 Work RVU: **2020 Work RVU:** 1.44
2007 NF PE RVU: **2020 NF PE RVU:** 3.64
2007 Fac PE RVU **2020 Fac PE RVU:** 0.37

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007 **2018 Medicare Utilization:** 14,471

2007 Work RVU: 3.02 **2020 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2020 NF PE RVU:** 5.27
2007 Fac PE RVU 1.93 **2020 Fac PE RVU:** 2.27

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS

First Identified: February 2011 **2018 Medicare Utilization:** 36

2007 Work RVU: **2020 Work RVU:** 30.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 13.09

RUC Recommendation: 37.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 11.49 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.52 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007 **2018 Medicare Utilization:** 91

RUC Recommendation: 10.69

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.69 **2020 Work RVU:** 10.78

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 5.14 **2020 Fac PE RVU:** 4.77

Result: Maintain

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS

First Identified: April 2009 **2018 Medicare Utilization:** 365

RUC Recommendation: 9.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 9.13

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 4.46

Result: Increase

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

First Identified: February 2008 **2018 Medicare Utilization:** 15,025

RUC Recommendation: 4.80

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 7.63 **2020 Work RVU:** 4.80

2007 NF PE RVU: NA **2020 NF PE RVU:** 6.87

2007 Fac PE RVU 4.36 **2020 Fac PE RVU:** 2.07

Result: Decrease

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

First Identified: February 2008 **2018 Medicare Utilization:** 11,452

RUC Recommendation: 6.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.58 **2020 Work RVU:** 6.00

2007 NF PE RVU: NA **2020 NF PE RVU:** 7.57

2007 Fac PE RVU 5.01 **2020 Fac PE RVU:** 2.40

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,076

2007 Work RVU: 3.87 **2020 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2020 NF PE RVU:** 5.38
2007 Fac PE RVU 2.69 **2020 Fac PE RVU:**2.64

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

38220 **Diagnostic bone marrow; aspiration(s)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2018 Medicare Utilization:** 9,741

2007 Work RVU: 1.08 **2020 Work RVU:** 1.20
2007 NF PE RVU: 3.46 **2020 NF PE RVU:** 3.39
2007 Fac PE RVU 0.5 **2020 Fac PE RVU:**0.63

RUC Recommendation: 1.20 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

38221 **Diagnostic bone marrow; biopsy(ies)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2018 Medicare Utilization:** 18,666

2007 Work RVU: 1.37 **2020 Work RVU:** 1.28
2007 NF PE RVU: 3.64 **2020 NF PE RVU:** 3.10
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**0.63

RUC Recommendation: 1.28 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2018 Medicare Utilization:** 109,368

2007 Work RVU: **2020 Work RVU:** 1.44
2007 NF PE RVU: **2020 NF PE RVU:** 3.39
2007 Fac PE RVU **2020 Fac PE RVU:**0.69

RUC Recommendation: 1.44 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

38505 **Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)**

Global: 000 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 31,590

2007 Work RVU: 1.14 **2020 Work RVU:** 1.14
2007 NF PE RVU: 2.04 **2020 NF PE RVU:** 2.30
2007 Fac PE RVU 0.75 **2020 Fac PE RVU:**0.77

RUC Recommendation: Survey for Oct 2020 - specialty should identify/survey code family if applicable

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2018 Medicare Utilization:** 645

2007 Work RVU: 6.08 **2020 Work RVU:** 7.95
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2020 Fac PE RVU:**5.64

RUC Recommendation: 7.85

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA

First Identified: January 2014 **2018 Medicare Utilization:** 4,372

2007 Work RVU: 9.28 **2020 Work RVU:** 8.49
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2020 Fac PE RVU:**4.88

RUC Recommendation: 9.34

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2018 Medicare Utilization:** 17,000

2007 Work RVU: 14.70 **2020 Work RVU:** 12.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2020 Fac PE RVU:** 5.71

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2018 Medicare Utilization:** 2,474

2007 Work RVU: 16.86 **2020 Work RVU:** 15.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2020 Fac PE RVU:** 8.36

RUC Recommendation: 15.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2018 Medicare Utilization:** 32,812

2007 Work RVU: 0.52 **2020 Work RVU:** 0.65
2007 NF PE RVU: NA **2020 NF PE RVU:** 1.63
2007 Fac PE RVU 0.45 **2020 Fac PE RVU:** 0.23

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 8.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.68 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2018 Medicare Utilization:** 633

2007 Work RVU: **2020 Work RVU:** 5.44
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.24

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2018 Medicare Utilization:** 4,762

2007 Work RVU: **2020 Work RVU:** 7.25
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.78

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2018 Medicare Utilization:** 31,959

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2020 NF PE RVU:** 2.22
2007 Fac PE RVU 0.61 **2020 Fac PE RVU:** 0.70

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 Medicare Utilization:** 346

2007 Work RVU: 3.69 **2020 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2020 NF PE RVU:** 8.81
2007 Fac PE RVU 3.26 **2020 Fac PE RVU:** 4.33

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

Status Report: CMS Requests and Relativity Assessment Issues

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2018 Medicare Utilization:** 2,133

2007 Work RVU: 1.19 **2020 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2020 NF PE RVU:** 4.61
2007 Fac PE RVU 1.8 **2020 Fac PE RVU:**2.21

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007 **2018 Medicare Utilization:** 1,480

2007 Work RVU: 2.57 **2020 Work RVU:** 2.63
2007 NF PE RVU: 4.23 **2020 NF PE RVU:** 5.70
2007 Fac PE RVU 2.7 **2020 Fac PE RVU:**3.07

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

40808 **Biopsy, vestibule of mouth**

Global: 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS

First Identified: April 2017 **2018 Medicare Utilization:** 11,244

2007 Work RVU: 0.98 **2020 Work RVU:** 1.05
2007 NF PE RVU: 2.87 **2020 NF PE RVU:** 3.38
2007 Fac PE RVU 1.51 **2020 Fac PE RVU:**1.31

RUC Recommendation: 1.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:** 5,895

2007 Work RVU: 2.33 **2020 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2020 NF PE RVU:** 5.56
2007 Fac PE RVU 2.37 **2020 Fac PE RVU:**2.82

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 Medicare Utilization:** 1,177

2007 Work RVU: 1.30 **2020 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2020 NF PE RVU:** 5.95
2007 Fac PE RVU 2.54 **2020 Fac PE RVU:**3.31

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2018 Medicare Utilization:** 474

2007 Work RVU: **2020 Work RVU:** 3.50
2007 NF PE RVU: **2020 NF PE RVU:** 23.14
2007 Fac PE RVU **2020 Fac PE RVU:**6.69

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 600

2007 Work RVU: 9.63 **2020 Work RVU:** 9.78
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2020 Fac PE RVU:**8.70

RUC Recommendation: 9.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 5,202

RUC Recommendation: 18.12 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 17.99 **2020 Work RVU:** 17.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2020 Fac PE RVU:**10.69
Result: Maintain

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,614

RUC Recommendation: 21.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 20.87 **2020 Work RVU:** 19.53
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2020 Fac PE RVU:**11.72
Result: Maintain

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,864

RUC Recommendation: 7.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.05 **2020 Work RVU:** 6.14
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2020 Fac PE RVU:**4.81
Result: Maintain

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,887

RUC Recommendation: 2.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.49
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**1.59
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 185

2007 Work RVU: **2020 Work RVU:** 2.79
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.68
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 251

2007 Work RVU: **2020 Work RVU:** 2.79
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.67
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 181

2007 Work RVU: **2020 Work RVU:** 3.51
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.50
Result: Increase

RUC Recommendation: 3.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 564

2007 Work RVU: **2020 Work RVU:** 3.07
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.78
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 480

2007 Work RVU: **2020 Work RVU:** 3.31
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.88
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2018 Medicare Utilization:** 1,384

2007 Work RVU: **2020 Work RVU:** 1.52
2007 NF PE RVU: **2020 NF PE RVU:** 3.75
2007 Fac PE RVU **2020 Fac PE RVU:** 0.63
Result: Maintain

RUC Recommendation: 1.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2018 Medicare Utilization:** 274

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 4.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.78
Result: Maintain

RUC Recommendation: 1.89

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 6,050

2007 Work RVU: 1.59 **2020 Work RVU:** 1.42
2007 NF PE RVU: 3.98 **2020 NF PE RVU:** 5.26
2007 Fac PE RVU 1.04 **2020 Fac PE RVU:** 0.89
Result: Maintain

RUC Recommendation: 1.59

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 289

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.09 **2020 Work RVU:** 1.72
2007 NF PE RVU: 4.86 **2020 NF PE RVU:** 4.93
2007 Fac PE RVU 1.12 **2020 Fac PE RVU:**1.02
Result: Decrease

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,586

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.89 **2020 Work RVU:** 1.72
2007 NF PE RVU: 5.44 **2020 NF PE RVU:** 7.69
2007 Fac PE RVU 0.95 **2020 Fac PE RVU:**1.02
Result: Maintain

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 11

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.76 **2020 Work RVU:** 2.33
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2020 Fac PE RVU:**1.31
Result: Decrease

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 177

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.78 **2020 Work RVU:** 2.44
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2020 Fac PE RVU:**1.36
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 32

2007 Work RVU: **2020 Work RVU:** 2.29
2007 NF PE RVU: **2020 NF PE RVU:** 5.60
2007 Fac PE RVU **2020 Fac PE RVU:** 1.29

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 85

2007 Work RVU: **2020 Work RVU:** 4.20
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.13

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 571

2007 Work RVU: **2020 Work RVU:** 3.40
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.52

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 195

2007 Work RVU: **2020 Work RVU:** 4.63
2007 NF PE RVU: **2020 NF PE RVU:** 29.72
2007 Fac PE RVU **2020 Fac PE RVU:** 2.21

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 258

RUC Recommendation: 3.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.40
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.75
Result: Decrease

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,080

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.60 **2020 Work RVU:** 2.44
2007 NF PE RVU: NA **2020 NF PE RVU:** 8.16
2007 Fac PE RVU 1.22 **2020 Fac PE RVU:** 1.29
Result: Maintain

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 101

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.40 **2020 Work RVU:** 2.30
2007 NF PE RVU: 1.55 **2020 NF PE RVU:** 8.62
2007 Fac PE RVU 1.1 **2020 Fac PE RVU:** 1.29
Result: Maintain

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 51

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.90 **2020 Work RVU:** 2.80
2007 NF PE RVU: 6.85 **2020 NF PE RVU:** 8.33
2007 Fac PE RVU 1.25 **2020 Fac PE RVU:** 1.52
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.80 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.4 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,175

2007 Work RVU: 2.10 **2020 Work RVU:** 2.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 26.53
2007 Fac PE RVU 1.01 **2020 Fac PE RVU:**1.14

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,722

2007 Work RVU: 2.34 **2020 Work RVU:** 2.24
2007 NF PE RVU: NA **2020 NF PE RVU:** 7.63
2007 Fac PE RVU 1.1 **2020 Fac PE RVU:**1.19

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 216

2007 Work RVU: 3.59 **2020 Work RVU:** 2.89
2007 NF PE RVU: NA **2020 NF PE RVU:** 14.48
2007 Fac PE RVU 1.55 **2020 Fac PE RVU:**1.54

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 3.76 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,352

2007 Work RVU: **2020 Work RVU:** 3.49
2007 NF PE RVU: **2020 NF PE RVU:** 15.91
2007 Fac PE RVU **2020 Fac PE RVU:**1.79

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 597

2007 Work RVU: 3.19 **2020 Work RVU:** 2.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2020 Fac PE RVU:**1.51

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 647

2007 Work RVU: 4.47 **2020 Work RVU:** 3.59
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.96 **2020 Fac PE RVU:**1.81

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2018 Medicare Utilization:** 1,628

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.07
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.98
Result: Decrease

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.01 **2020 Work RVU:**
2007 NF PE RVU: 5.23 **2020 NF PE RVU:**
2007 Fac PE RVU 0.91 **2020 Fac PE RVU:**
Result: Deleted from CPT

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2018 Medicare Utilization:** 334,440

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.39 **2020 Work RVU:** 2.09
2007 NF PE RVU: 5.19 **2020 NF PE RVU:** 5.63
2007 Fac PE RVU 1.11 **2020 Fac PE RVU:** 1.19
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2018 Medicare Utilization:** 16,425

2007 Work RVU: 2.92 **2020 Work RVU:** 2.39
2007 NF PE RVU: 6.47 **2020 NF PE RVU:** 7.99
2007 Fac PE RVU 1.33 **2020 Fac PE RVU:**1.33

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 16,769

2007 Work RVU: 3.98 **2020 Work RVU:** 3.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2020 Fac PE RVU:**1.80

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 13,119

2007 Work RVU: 5.02 **2020 Work RVU:** 4.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2020 Fac PE RVU:**2.10

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2018 Medicare Utilization:** 1,412,585

RUC Recommendation: 2.39

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.87 **2020 Work RVU:** 2.39
2007 NF PE RVU: 5.79 **2020 NF PE RVU:** 7.96
2007 Fac PE RVU 1.29 **2020 Fac PE RVU:**1.32
Result: Maintain

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 946

RUC Recommendation: 7.25

Referred to CPT February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.85 **2020 Work RVU:** 7.15
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2020 Fac PE RVU:**3.40
Result: Increase

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 4,184

RUC Recommendation: 2.59

Referred to CPT October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.59 **2020 Work RVU:** 2.49
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2020 Fac PE RVU:**1.32
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2018 Medicare Utilization:** 25,755

2007 Work RVU: 7.30 **2020 Work RVU:** 4.73
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2020 Fac PE RVU:** 2.36

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 852

2007 Work RVU: 4.56 **2020 Work RVU:** 4.27
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2020 Fac PE RVU:** 2.10

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 22,227

2007 Work RVU: 5.04 **2020 Work RVU:** 4.40
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2020 Fac PE RVU:** 2.21

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 14,903

2007 Work RVU: 3.18 **2020 Work RVU:** 3.08
2007 NF PE RVU: NA **2020 NF PE RVU:** 13.30
2007 Fac PE RVU 1.39 **2020 Fac PE RVU:**1.59
Result: Maintain

RUC Recommendation: 3.18

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 76,477

2007 Work RVU: 4.32 **2020 Work RVU:** 3.56
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2020 Fac PE RVU:**1.73
Result: Maintain

RUC Recommendation: 4.32

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 29,543

2007 Work RVU: 3.38 **2020 Work RVU:** 3.11
2007 NF PE RVU: NA **2020 NF PE RVU:** 7.08
2007 Fac PE RVU 1.48 **2020 Fac PE RVU:**1.62
Result: Decrease

RUC Recommendation: 3.27

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 109,045

2007 Work RVU: 3.15 **2020 Work RVU:** 2.91
2007 NF PE RVU: NA **2020 NF PE RVU:** 7.84
2007 Fac PE RVU 1.43 **2020 Fac PE RVU:**1.55
Result: Decrease

RUC Recommendation: 3.01

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 119,410

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.90 **2020 Work RVU:** 2.67
2007 NF PE RVU: NA **2020 NF PE RVU:** 28.07
2007 Fac PE RVU 1.32 **2020 Fac PE RVU:**1.44
Result: Decrease

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 4,065

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.20 **2020 Work RVU:** 2.97
2007 NF PE RVU: NA **2020 NF PE RVU:** 8.94
2007 Fac PE RVU 1.4 **2020 Fac PE RVU:**1.53
Result: Decrease

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 32,618

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.69 **2020 Work RVU:** 3.47
2007 NF PE RVU: NA **2020 NF PE RVU:** 9.71
2007 Fac PE RVU 1.6 **2020 Fac PE RVU:**1.79
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2018 Medicare Utilization:** 2,317

2007 Work RVU: **2020 Work RVU:** 4.73
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.36

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2018 Medicare Utilization:** 5,452

2007 Work RVU: **2020 Work RVU:** 4.87
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.41

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 61,828

2007 Work RVU: 4.81 **2020 Work RVU:** 3.56
2007 NF PE RVU: NA **2020 NF PE RVU:** 14.74
2007 Fac PE RVU 2.05 **2020 Fac PE RVU:** 1.84

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 4.34 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.85 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 167

2007 Work RVU: 5.50 **2020 Work RVU:** 4.15
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2020 Fac PE RVU:**2.06

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 4.54 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.94 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2018 Medicare Utilization:** 33,745

2007 Work RVU: 5.19 **2020 Work RVU:** 4.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2020 Fac PE RVU:** 2.06

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 5,324

2007 Work RVU: 5.95 **2020 Work RVU:** 5.85
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2020 Fac PE RVU:** 2.84

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 7,263

2007 Work RVU: 6.26 **2020 Work RVU:** 6.15
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2020 Fac PE RVU:** 2.97

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 31,410

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.38 **2020 Work RVU:** 6.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2020 Fac PE RVU:**3.13
Result: Decrease

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 134

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.28 **2020 Work RVU:** 6.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2020 Fac PE RVU:**3.13
Result: Maintain

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2018 Medicare Utilization:** 54,361

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.89 **2020 Work RVU:** 6.63
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2020 Fac PE RVU:**3.18
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,847

2007 Work RVU: 10.00 **2020 Work RVU:** 7.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2020 Fac PE RVU:** 3.74

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2018 Medicare Utilization:** 5,759

2007 Work RVU: **2020 Work RVU:** 3.92
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.89

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 7.38 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.01 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 7.38 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 8.20 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.35 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2018 Medicare Utilization:** 19,924

2007 Work RVU: **2020 Work RVU:** 4.01
2007 NF PE RVU: **2020 NF PE RVU:** 15.90
2007 Fac PE RVU **2020 Fac PE RVU:** 2.03

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 7.38 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.03 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 7.38 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.05 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 8,501

2007 Work RVU: **2020 Work RVU:** 2.24
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.98

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 42,653

2007 Work RVU: **2020 Work RVU:** 8.48
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.98

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 13,961

2007 Work RVU: **2020 Work RVU:** 6.86
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.27

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 15,515

2007 Work RVU: **2020 Work RVU:** 8.84
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.14

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 6,645

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.90
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.29
Result: Decrease

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 476

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 7.92
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.74
Result: Decrease

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2018 Medicare Utilization:** 69,968

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.38 **2020 Work RVU:** 1.28
2007 NF PE RVU: 2.64 **2020 NF PE RVU:** 3.46
2007 Fac PE RVU 0.75 **2020 Fac PE RVU:** 0.86
Result: Decrease

43453 **Dilation of esophagus, over guide wire**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2018 Medicare Utilization:** 1,859

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.51 **2020 Work RVU:** 1.41
2007 NF PE RVU: 6.12 **2020 NF PE RVU:** 23.50
2007 Fac PE RVU 0.8 **2020 Fac PE RVU:** 0.90
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

43456 **Dilation of esophagus, by balloon or dilator, retrograde**

Global: **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.57 **2020 Work RVU:**
2007 NF PE RVU: 13.55 **2020 NF PE RVU:**
2007 Fac PE RVU 1.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia**

Global: **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 3.06 **2020 Work RVU:**
2007 NF PE RVU: 6.72 **2020 NF PE RVU:**
2007 Fac PE RVU 1.37 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2018 Medicare Utilization:** 54,610

2007 Work RVU: 1.10 **2020 Work RVU:**
2007 NF PE RVU: 4.77 **2020 NF PE RVU:**
2007 Fac PE RVU 0.44 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 5.58
2007 Fac PE RVU **2020 Fac PE RVU:** 0.23

RUC Recommendation: 0.75. Flag for Re-review. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.41
2007 NF PE RVU: **2020 NF PE RVU:** 7.98
2007 Fac PE RVU **2020 Fac PE RVU:** 0.78

RUC Recommendation: 1.41. Flag for Re-review.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2018 Medicare Utilization:** 10,430

2007 Work RVU: 27.63 **2020 Work RVU:** 27.79
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.6 **2020 Fac PE RVU:** 14.36

RUC Recommendation: 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2018 Medicare Utilization:** 11,896

2007 Work RVU: 22.86 **2020 Work RVU:** 22.95
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2020 Fac PE RVU:** 11.20

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2018 Medicare Utilization:** 9,654

2007 Work RVU: 31.79 **2020 Work RVU:** 31.92
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2020 Fac PE RVU:**14.61

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 2,267

2007 Work RVU: 1.05 **2020 Work RVU:** 0.87
2007 NF PE RVU: NA **2020 NF PE RVU:** 4.24
2007 Fac PE RVU 0.6 **2020 Fac PE RVU:**0.65

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2018 Medicare Utilization:** 162

2007 Work RVU: **2020 Work RVU:** 1.38
2007 NF PE RVU: **2020 NF PE RVU:** 26.34
2007 Fac PE RVU **2020 Fac PE RVU:**0.86

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 1,595

2007 Work RVU: 1.27 **2020 Work RVU:** 1.17
2007 NF PE RVU: NA **2020 NF PE RVU:** 6.84
2007 Fac PE RVU 0.67 **2020 Fac PE RVU:**0.80

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.94 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.36 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2018 Medicare Utilization:** 140

2007 Work RVU: **2020 Work RVU:** 2.85
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**1.25

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,338

2007 Work RVU: 1.82 **2020 Work RVU:** 1.20
2007 NF PE RVU: 3.73 **2020 NF PE RVU:** 4.36
2007 Fac PE RVU 0.79 **2020 Fac PE RVU:**0.73

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,642

2007 Work RVU: 2.12 **2020 Work RVU:** 1.50
2007 NF PE RVU: 6.66 **2020 NF PE RVU:** 6.86
2007 Fac PE RVU 0.93 **2020 Fac PE RVU:**0.89

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 4,394

2007 Work RVU: 2.82 **2020 Work RVU:** 2.72
2007 NF PE RVU: 5.34 **2020 NF PE RVU:** 5.57
2007 Fac PE RVU 1.21 **2020 Fac PE RVU:**1.40

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 2,610

2007 Work RVU: 3.13 **2020 Work RVU:** 3.02
2007 NF PE RVU: 6.73 **2020 NF PE RVU:** 8.03
2007 Fac PE RVU 1.35 **2020 Fac PE RVU:**1.56

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2018 Medicare Utilization:** 29

2007 Work RVU: 3.82 **2020 Work RVU:** 3.74
2007 NF PE RVU: 7.32 **2020 NF PE RVU:** 7.08
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**1.93

RUC Recommendation: 3.82

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2018 Medicare Utilization:** 171

2007 Work RVU: 4.31 **2020 Work RVU:** 4.12
2007 NF PE RVU: 8.78 **2020 NF PE RVU:** 14.69
2007 Fac PE RVU 1.83 **2020 Fac PE RVU:**2.07

RUC Recommendation: 4.22

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2018 Medicare Utilization:** 380

2007 Work RVU: 3.81 **2020 Work RVU:** 3.53
2007 NF PE RVU: 6.78 **2020 NF PE RVU:** 6.52
2007 Fac PE RVU 1.55 **2020 Fac PE RVU:**1.72

RUC Recommendation: 3.63

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 4.83 **2020 Work RVU:**
2007 NF PE RVU: 7.14 **2020 NF PE RVU:**
2007 Fac PE RVU 1.91 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 1,909

2007 Work RVU: 4.42 **2020 Work RVU:** 4.03
2007 NF PE RVU: 7.97 **2020 NF PE RVU:** 7.57
2007 Fac PE RVU 1.81 **2020 Fac PE RVU:**1.98

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 4.70 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.93 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2018 Medicare Utilization:** 74

2007 Work RVU: **2020 Work RVU:** 4.34
2007 NF PE RVU: **2020 NF PE RVU:** 75.42
2007 Fac PE RVU **2020 Fac PE RVU:** 2.19

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 8

2007 Work RVU: **2020 Work RVU:** 4.70
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.35

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 67

2007 Work RVU: **2020 Work RVU:** 5.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.69

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 208

2007 Work RVU: **2020 Work RVU:** 3.02
2007 NF PE RVU: **2020 NF PE RVU:** 7.98
2007 Fac PE RVU **2020 Fac PE RVU:** 1.57

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 59

2007 Work RVU: **2020 Work RVU:** 3.23
2007 NF PE RVU: **2020 NF PE RVU:** 12.33
2007 Fac PE RVU **2020 Fac PE RVU:** 1.70

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 1

2007 Work RVU: **2020 Work RVU:** 4.10
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.08

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 2

2007 Work RVU: **2020 Work RVU:** 4.96
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.46

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2018 Medicare Utilization:** 44

2007 Work RVU: **2020 Work RVU:** 4.14
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.10

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: 25.61 **2020 NF PE RVU:**
2007 Fac PE RVU 1.07 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2018 Medicare Utilization:** 22,084

2007 Work RVU: 9.35 **2020 Work RVU:** 9.45
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2020 Fac PE RVU:** 5.82

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

45170 **Deleted from CPT** **Global:** **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 12.48 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.28 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,565

2007 Work RVU: **2020 Work RVU:** 8.13
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 7.86

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2018 Medicare Utilization:** 2,020

2007 Work RVU: **2020 Work RVU:** 12.13
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 9.36

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2018 Medicare Utilization:** 24,979

2007 Work RVU: 0.38 **2020 Work RVU:** 0.80
2007 NF PE RVU: 1.63 **2020 NF PE RVU:** 2.61
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:** 0.47

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2018 Medicare Utilization:** 51,512

2007 Work RVU: 0.96 **2020 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2020 NF PE RVU:** 4.03
2007 Fac PE RVU 0.53 **2020 Fac PE RVU:** 0.66

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 35,541

2007 Work RVU: 1.15 **2020 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2020 NF PE RVU:** 6.56
2007 Fac PE RVU 0.64 **2020 Fac PE RVU:** 0.79

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 337

2007 Work RVU: 1.79 **2020 Work RVU:** 1.76
2007 NF PE RVU: 5.15 **2020 NF PE RVU:** 5.54
2007 Fac PE RVU 0.86 **2020 Fac PE RVU:** 1.04

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 865

2007 Work RVU: 1.79 **2020 Work RVU:** 1.55
2007 NF PE RVU: 5.06 **2020 NF PE RVU:** 7.15
2007 Fac PE RVU 0.85 **2020 Fac PE RVU:** 0.94

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 3,290

2007 Work RVU: 2.73 **2020 Work RVU:** 2.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 12.80
2007 Fac PE RVU 1.24 **2020 Fac PE RVU:** 1.15

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 3,175

2007 Work RVU: 1.46 **2020 Work RVU:** 1.04
2007 NF PE RVU: 3.74 **2020 NF PE RVU:** 6.41
2007 Fac PE RVU 0.75 **2020 Fac PE RVU:**0.74

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,515

2007 Work RVU: 2.36 **2020 Work RVU:** 2.10
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2020 Fac PE RVU:**0.97

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 5,160

2007 Work RVU: 2.34 **2020 Work RVU:** 2.05
2007 NF PE RVU: 5.37 **2020 NF PE RVU:** 5.76
2007 Fac PE RVU 1.07 **2020 Fac PE RVU:**1.16

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 3.14 **2020 Work RVU:**
2007 NF PE RVU: 4.03 **2020 NF PE RVU:**
2007 Fac PE RVU 1.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 1,246

2007 Work RVU: 1.89 **2020 Work RVU:** 1.25
2007 NF PE RVU: 7.18 **2020 NF PE RVU:** 11.51
2007 Fac PE RVU 0.89 **2020 Fac PE RVU:**0.83

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2018 Medicare Utilization:** 2,911

2007 Work RVU: 2.60 **2020 Work RVU:** 2.12
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:**1.21

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2018 Medicare Utilization:** 405

2007 Work RVU: 4.05 **2020 Work RVU:** 2.98
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2020 Fac PE RVU:** 1.59

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.92 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.26 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2018 Medicare Utilization:** 1,119

2007 Work RVU: **2020 Work RVU:** 2.81
2007 NF PE RVU: **2020 NF PE RVU:** 75.13
2007 Fac PE RVU **2020 Fac PE RVU:** 1.49

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2018 Medicare Utilization:** 633

2007 Work RVU: **2020 Work RVU:** 2.72
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.42

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 536

2007 Work RVU: **2020 Work RVU:** 3.52
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.82

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 1,100

2007 Work RVU: **2020 Work RVU:** 1.68
2007 NF PE RVU: **2020 NF PE RVU:** 15.91
2007 Fac PE RVU **2020 Fac PE RVU:** 1.02

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 3.51 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.43 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 369,153

2007 Work RVU: 3.69 **2020 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2020 NF PE RVU:** 5.75
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:** 1.68

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 958

2007 Work RVU: 4.68 **2020 Work RVU:** 4.28
2007 NF PE RVU: 7.78 **2020 NF PE RVU:** 7.36
2007 Fac PE RVU 1.92 **2020 Fac PE RVU:** 2.12

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2018 Medicare Utilization:** 1,035,808

2007 Work RVU: 4.43 **2020 Work RVU:** 3.56
2007 NF PE RVU: 7.33 **2020 NF PE RVU:** 8.16
2007 Fac PE RVU 1.87 **2020 Fac PE RVU:** 1.82

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2018 Medicare Utilization:** 82,201

2007 Work RVU: 4.19 **2020 Work RVU:** 3.56
2007 NF PE RVU: 7.26 **2020 NF PE RVU:** 8.07
2007 Fac PE RVU 1.79 **2020 Fac PE RVU:** 1.82

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 24,957

2007 Work RVU: 5.68 **2020 Work RVU:** 4.66
2007 NF PE RVU: 10.04 **2020 NF PE RVU:** 14.85
2007 Fac PE RVU 2.37 **2020 Fac PE RVU:** 2.31

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 5.86 **2020 Work RVU:**
2007 NF PE RVU: 8.08 **2020 NF PE RVU:**
2007 Fac PE RVU 2.34 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 89,057

2007 Work RVU: 4.69 **2020 Work RVU:** 4.07
2007 NF PE RVU: 6.9 **2020 NF PE RVU:** 8.90
2007 Fac PE RVU 1.93 **2020 Fac PE RVU:**1.97

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2018 Medicare Utilization:** 909,247

2007 Work RVU: 5.30 **2020 Work RVU:** 4.57
2007 NF PE RVU: 7.94 **2020 NF PE RVU:** 7.58
2007 Fac PE RVU 2.18 **2020 Fac PE RVU:**2.26

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 2,092

2007 Work RVU: 4.57 **2020 Work RVU:** 3.77
2007 NF PE RVU: 12.37 **2020 NF PE RVU:** 13.20
2007 Fac PE RVU 1.89 **2020 Fac PE RVU:** 1.90

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 5.90 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 2.49 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2018 Medicare Utilization:** 27,884

2007 Work RVU: **2020 Work RVU:** 4.88
2007 NF PE RVU: **2020 NF PE RVU:** 77.42
2007 Fac PE RVU **2020 Fac PE RVU:** 2.35

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2018 Medicare Utilization:** 467

2007 Work RVU: **2020 Work RVU:** 5.24
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.53

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2018 Medicare Utilization:** 19,194

2007 Work RVU: **2020 Work RVU:** 6.04
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.92

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 929

2007 Work RVU: 5.09 **2020 Work RVU:** 4.64
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2020 Fac PE RVU:** 2.30

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 179

2007 Work RVU: 6.54 **2020 Work RVU:** 5.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2020 Fac PE RVU:** 2.68

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2018 Medicare Utilization:** 2,139

2007 Work RVU: **2020 Work RVU:** 4.68
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.05

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2018 Medicare Utilization:** 3,285

2007 Work RVU: **2020 Work RVU:** 4.20
2007 NF PE RVU: **2020 NF PE RVU:** 17.55
2007 Fac PE RVU **2020 Fac PE RVU:** 2.01

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46020 **Placement of seton**

Global: 010 **Issue:**

Screen: 010-Day Global Post-Operative Visits2 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 1,261

2007 Work RVU: 2.94 **2020 Work RVU:** 3.00
2007 NF PE RVU: 2.56 **2020 NF PE RVU:** 4.57
2007 Fac PE RVU 1.98 **2020 Fac PE RVU:**3.29

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

46200 **Fissurectomy, including sphincterotomy, when performed**

Global: 090 **Issue:** Fissurectomy

Screen: Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2018 Medicare Utilization:** 979

2007 Work RVU: 3.48 **2020 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2020 NF PE RVU:** 9.04
2007 Fac PE RVU 3.08 **2020 Fac PE RVU:**5.33

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

46500 **Injection of sclerosing solution, hemorrhoids**

Global: 010 **Issue:** Hemorrhoid Injection

Screen: 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon)

First Identified: January 2014 **2018 Medicare Utilization:** 12,542

2007 Work RVU: 1.64 **2020 Work RVU:** 1.74
2007 NF PE RVU: 2.48 **2020 NF PE RVU:** 6.53
2007 Fac PE RVU 1.18 **2020 Fac PE RVU:**3.19

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.69 **2020 Work RVU:**

2007 NF PE RVU: NA **2020 NF PE RVU:**

2007 Fac PE RVU 1.17 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: January 2014 **2018 Medicare Utilization:** 1,699

2007 Work RVU: 83.29 **2020 Work RVU:** 90.00

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 30.59 **2020 Fac PE RVU:** 45.00

RUC Recommendation: 91.78

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: April 2014 **2018 Medicare Utilization:**

2007 Work RVU: 70.39 **2020 Work RVU:**

2007 NF PE RVU: NA **2020 NF PE RVU:**

2007 Fac PE RVU 26.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA **2018 Medicare Utilization:** 2,922

2007 Work RVU: 15.19 **2020 Work RVU:** 14.97
2007 NF PE RVU: NA **2020 NF PE RVU:** 109.03
2007 Fac PE RVU 5.83 **2020 Fac PE RVU:**5.21

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2018 Medicare Utilization:** 12,132

2007 Work RVU: 8.05 **2020 Work RVU:** 4.76
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2020 Fac PE RVU:**4.42

RUC Recommendation: 4.76

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.96 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.62 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 06

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 Medicare Utilization:

2007 Work RVU: 0.76

2020 Work RVU:

2007 NF PE RVU: NA

2020 NF PE RVU:

2007 Fac PE RVU 0.24

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 06

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 Medicare Utilization:

2007 Work RVU: 7.94

2020 Work RVU:

2007 NF PE RVU: NA

2020 NF PE RVU:

2007 Fac PE RVU 4.76

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 06

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 Medicare Utilization:

2007 Work RVU: 10.74

2020 Work RVU:

2007 NF PE RVU: NA

2020 NF PE RVU:

2007 Fac PE RVU 4.87

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47525 **Change of percutaneous biliary drainage catheter**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 5.55 **2020 Work RVU:**
2007 NF PE RVU: 14.8 **2020 NF PE RVU:**
2007 Fac PE RVU 2.67 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47530 **Revision and/or reinsertion of transhepatic tube**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 5.96 **2020 Work RVU:**
2007 NF PE RVU: 32.56 **2020 NF PE RVU:**
2007 Fac PE RVU 3.53 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 8,658

2007 Work RVU: **2020 Work RVU:** 1.30
2007 NF PE RVU: **2020 NF PE RVU:** 9.58
2007 Fac PE RVU **2020 Fac PE RVU:** 0.63

RUC Recommendation: 1.30

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 640

RUC Recommendation: 4.50

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.25

2007 NF PE RVU: **2020 NF PE RVU:** 19.49

2007 Fac PE RVU **2020 Fac PE RVU:** 1.51

Result: Increase

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 1,498

RUC Recommendation: 5.63

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.38

2007 NF PE RVU: **2020 NF PE RVU:** 29.94

2007 Fac PE RVU **2020 Fac PE RVU:** 1.86

Result: Increase

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 4,582

RUC Recommendation: 7.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 7.60

2007 NF PE RVU: **2020 NF PE RVU:** 32.45

2007 Fac PE RVU **2020 Fac PE RVU:** 2.53

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 415

RUC Recommendation: 4.20

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.95

2007 NF PE RVU: **2020 NF PE RVU:** 23.90

2007 Fac PE RVU **2020 Fac PE RVU:** 1.39

Result: Increase

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 13,400

RUC Recommendation: 2.86

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.61

2007 NF PE RVU: **2020 NF PE RVU:** 17.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.99

Result: Increase

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 1,655

RUC Recommendation: 1.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 1.84

2007 NF PE RVU: **2020 NF PE RVU:** 10.81

2007 Fac PE RVU **2020 Fac PE RVU:** 0.79

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2018 Medicare Utilization:** 1,022

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.75
2007 NF PE RVU: **2020 NF PE RVU:** 116.70
2007 Fac PE RVU **2020 Fac PE RVU:** 1.70
Result: Increase

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2018 Medicare Utilization:** 171

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 8.75
2007 NF PE RVU: **2020 NF PE RVU:** 124.83
2007 Fac PE RVU **2020 Fac PE RVU:** 2.78
Result: Increase

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2018 Medicare Utilization:** 229

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 9.03
2007 NF PE RVU: **2020 NF PE RVU:** 127.27
2007 Fac PE RVU **2020 Fac PE RVU:** 2.98
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 170

RUC Recommendation: 7.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.75

2007 NF PE RVU: **2020 NF PE RVU:** 27.27

2007 Fac PE RVU **2020 Fac PE RVU:** 2.29

Result: Increase

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 1,327

RUC Recommendation: 2.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.85

2007 NF PE RVU: **2020 NF PE RVU:** 11.67

2007 Fac PE RVU **2020 Fac PE RVU:** 0.85

Result: Increase

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2018 Medicare Utilization:** 805

RUC Recommendation: 3.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.00

2007 NF PE RVU: **2020 NF PE RVU:** 9.92

2007 Fac PE RVU **2020 Fac PE RVU:** 0.94

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2018 Medicare Utilization:** 313

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.28
2007 NF PE RVU: **2020 NF PE RVU:** 24.74
2007 Fac PE RVU **2020 Fac PE RVU:** 0.99
Result: Increase

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2018 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.88 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**
Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2018 Medicare Utilization:** 101,764

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.63 **2020 Work RVU:** 10.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2020 Fac PE RVU:** 6.22
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:** 39,774

2007 Work RVU: 12.03 **2020 Work RVU:** 11.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2020 Fac PE RVU:**6.68

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2018 Medicare Utilization:** 8,748

2007 Work RVU: 17.35 **2020 Work RVU:** 17.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2020 Fac PE RVU:**9.56

RUC Recommendation: 20.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2018 Medicare Utilization:** 1,540

2007 Work RVU: 15.90 **2020 Work RVU:** 18.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2020 Fac PE RVU:**9.93

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2018 Medicare Utilization:** 1,075

2007 Work RVU: 4.68 **2020 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2020 NF PE RVU:** 10.29
2007 Fac PE RVU 1.85 **2020 Fac PE RVU:** 1.81

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.99 **2020 Work RVU:**
2007 NF PE RVU: 20.43 **2020 NF PE RVU:**
2007 Fac PE RVU 1.27 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: 20.43 **2020 NF PE RVU:**
2007 Fac PE RVU 1.07 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.99 **2020 Work RVU:**
2007 NF PE RVU: 19.33 **2020 NF PE RVU:**
2007 Fac PE RVU 1.27 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.69 **2020 Work RVU:**
2007 NF PE RVU: 19.38 **2020 NF PE RVU:**
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 1.35 **2020 Work RVU:**
2007 NF PE RVU: 3.63 **2020 NF PE RVU:**
2007 Fac PE RVU 0.45 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.26 **2020 Work RVU:**
2007 NF PE RVU: 2.65 **2020 NF PE RVU:**
2007 Fac PE RVU 0.43 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2018 Medicare Utilization:** 11,903

2007 Work RVU: **2020 Work RVU:** 1.24
2007 NF PE RVU: **2020 NF PE RVU:** 4.40
2007 Fac PE RVU **2020 Fac PE RVU:** 0.72

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2018 Medicare Utilization:** 253,658

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 6.38
2007 Fac PE RVU **2020 Fac PE RVU:** 0.93

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2018 Medicare Utilization:** 2,241

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.73

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2018 Medicare Utilization:** 6,118

RUC Recommendation: 4.25

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.00

2007 NF PE RVU: **2020 NF PE RVU:** 20.79

2007 Fac PE RVU **2020 Fac PE RVU:** 1.36

Result: Decrease

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2018 Medicare Utilization:** 32,947

RUC Recommendation: 4.25

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.00

2007 NF PE RVU: **2020 NF PE RVU:** 20.79

2007 Fac PE RVU **2020 Fac PE RVU:** 1.36

Result: Decrease

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2018 Medicare Utilization:** 269

RUC Recommendation: 4.50

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.25

2007 NF PE RVU: **2020 NF PE RVU:** 15.99

2007 Fac PE RVU **2020 Fac PE RVU:** 1.39

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: February 2010 **2018 Medicare Utilization:** 6,485

2007 Work RVU: **2020 Work RVU:** 3.96
2007 NF PE RVU: **2020 NF PE RVU:** 29.76
2007 Fac PE RVU **2020 Fac PE RVU:** 1.53

RUC Recommendation: 4.21

Referred to CPT February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS

First Identified: April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 2.22 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.11 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: September 2007 **2018 Medicare Utilization:** 2,137

2007 Work RVU: 5.87 **2020 Work RVU:** 4.21
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2020 Fac PE RVU:** 1.49

RUC Recommendation: 4.21

Referred to CPT February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016 **2018 Medicare Utilization:** 11,756

2007 Work RVU: 6.26 **2020 Work RVU:** 4.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2020 Fac PE RVU:**1.57

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2018 Medicare Utilization:** 54,167

2007 Work RVU: 7.88 **2020 Work RVU:** 7.96
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2020 Fac PE RVU:**5.32

RUC Recommendation: Reaffirmed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2018 Medicare Utilization:** 10,412

2007 Work RVU: 9.97 **2020 Work RVU:** 9.09
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2020 Fac PE RVU:**5.81

RUC Recommendation: 10.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2018 Medicare Utilization:** 1,961

2007 Work RVU: 12.36 **2020 Work RVU:** 11.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2020 Fac PE RVU:**6.67

RUC Recommendation: 12.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49565 **Repair recurrent incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Repair Recurrent Hernia **Screen:** Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 24 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** October 2019 **2018 Medicare Utilization:** 5,386

2007 Work RVU: 12.29 **2020 Work RVU:** 12.37
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.19 **2020 Fac PE RVU:**7.12

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2018 Medicare Utilization:** 8,212

2007 Work RVU: 7.96 **2020 Work RVU:** 7.08
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2020 Fac PE RVU:**5.10

RUC Recommendation: 8.04 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2018 Medicare Utilization:** 9,021

2007 Work RVU: **2020 Work RVU:** 11.92
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**6.93

RUC Recommendation: 12.88 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2018 Medicare Utilization:** 5,461

2007 Work RVU: **2020 Work RVU:** 14.94
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**8.58

RUC Recommendation: 16.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2018 Medicare Utilization:** 7,059

2007 Work RVU: **2020 Work RVU:** 13.76
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 7.61

RUC Recommendation: 15.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2018 Medicare Utilization:** 4,600

2007 Work RVU: **2020 Work RVU:** 16.84
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 9.27

RUC Recommendation: 18.11 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous** **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: 21.23 **2020 NF PE RVU:**
2007 Fac PE RVU 1.07 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50080 **Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** **2018 Medicare Utilization:** 2,433

2007 Work RVU: 15.61 **2020 Work RVU:** 15.74
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2020 Fac PE RVU:**7.55

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50081 **Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2018 Medicare Utilization:** 5,616

2007 Work RVU: 23.32 **2020 Work RVU:** 23.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.68 **2020 Fac PE RVU:**10.69

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2018 Medicare Utilization:** 36,156

2007 Work RVU: 2.63 **2020 Work RVU:** 2.38
2007 NF PE RVU: NA **2020 NF PE RVU:** 12.87
2007 Fac PE RVU 1.24 **2020 Fac PE RVU:**1.10

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2018 Medicare Utilization:** 11,561

2007 Work RVU: 40.45 **2020 Work RVU:** 39.88
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2020 Fac PE RVU:** 21.27

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 7,510

2007 Work RVU: 2.00 **2020 Work RVU:** 1.75
2007 NF PE RVU: 16.66 **2020 NF PE RVU:** 13.72
2007 Fac PE RVU 0.65 **2020 Fac PE RVU:** 0.53

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.46 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 4.15 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.71 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.76 **2020 Work RVU:**
2007 NF PE RVU: 2.45 **2020 NF PE RVU:**
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2018 Medicare Utilization:** 3,583

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.47 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.46 **2020 Work RVU:**

2007 NF PE RVU: 15.06 **2020 NF PE RVU:**

2007 Fac PE RVU 0.51 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 1,096

2007 Work RVU: **2020 Work RVU:** 2.90

2007 NF PE RVU: **2020 NF PE RVU:** 13.00

2007 Fac PE RVU **2020 Fac PE RVU:** 1.29

RUC Recommendation: 3.15

Referred to CPT October 2014

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 9,182

2007 Work RVU: **2020 Work RVU:** 1.10

2007 NF PE RVU: **2020 NF PE RVU:** 6.17

2007 Fac PE RVU **2020 Fac PE RVU:** 0.69

RUC Recommendation: 1.42

Referred to CPT October 2014

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 27,275

RUC Recommendation: 4.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.00

2007 NF PE RVU: **2020 NF PE RVU:** 20.95

2007 Fac PE RVU **2020 Fac PE RVU:** 1.61

Result: Maintain

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2018 Medicare Utilization:** 4,975

RUC Recommendation: 5.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.05

2007 NF PE RVU: **2020 NF PE RVU:** 27.24

2007 Fac PE RVU **2020 Fac PE RVU:** 1.91

Result: Maintain

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 2,248

RUC Recommendation: 4.20

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.75

2007 NF PE RVU: **2020 NF PE RVU:** 21.99

2007 Fac PE RVU **2020 Fac PE RVU:** 1.49

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 43,560

RUC Recommendation: 2.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2020 Work RVU:** 1.82
2007 NF PE RVU:	**2020 NF PE RVU:** 14.06
2007 Fac PE RVU	**2020 Fac PE RVU:** 0.91
Result: Increase	

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2018 Medicare Utilization:**

RUC Recommendation: 3.37

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2020 Work RVU:** 2.78
2007 NF PE RVU:	**2020 NF PE RVU:** NA
2007 Fac PE RVU	**2020 Fac PE RVU:** 1.30
Result: Decrease	

50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2018 Medicare Utilization:**

RUC Recommendation: 5.44

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2020 Work RVU:** 4.85
2007 NF PE RVU:	**2020 NF PE RVU:** NA
2007 Fac PE RVU	**2020 Fac PE RVU:** 1.97
Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2018 Medicare Utilization:** 222

2007 Work RVU: 21.18 **2020 Work RVU:** 21.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2020 Fac PE RVU:**9.85

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2018 Medicare Utilization:** 2,337

2007 Work RVU: 25.26 **2020 Work RVU:** 25.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2020 Fac PE RVU:**10.57

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2018 Medicare Utilization:** 56,742

2007 Work RVU: 9.64 **2020 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2020 NF PE RVU:** 10.27
2007 Fac PE RVU 4.65 **2020 Fac PE RVU:**5.52

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2018 Medicare Utilization:** 3,629

2007 Work RVU: 16.66 **2020 Work RVU:** 16.79
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2020 Fac PE RVU:**8.67

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 98

RUC Recommendation: 3.16

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.16

2007 NF PE RVU: **2020 NF PE RVU:** 14.36

2007 Fac PE RVU **2020 Fac PE RVU:** 0.97

Result: Increase

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 4,641

RUC Recommendation: 4.60

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.96

2007 NF PE RVU: **2020 NF PE RVU:** 25.37

2007 Fac PE RVU **2020 Fac PE RVU:** 1.62

Result: Increase

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 943

RUC Recommendation: 6.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 5.25

2007 NF PE RVU: **2020 NF PE RVU:** 27.24

2007 Fac PE RVU **2020 Fac PE RVU:** 2.07

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 1,496

RUC Recommendation: 7.55

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 6.80

2007 NF PE RVU: **2020 NF PE RVU:** 32.54

2007 Fac PE RVU **2020 Fac PE RVU:** 2.59

Result: Increase

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 71

RUC Recommendation: 4.03

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 4.03

2007 NF PE RVU: **2020 NF PE RVU:** 49.62

2007 Fac PE RVU **2020 Fac PE RVU:** 0.68

Result: Increase

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2018 Medicare Utilization:** 1,533

RUC Recommendation: 3.80

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.80

2007 NF PE RVU: **2020 NF PE RVU:** 22.82

2007 Fac PE RVU **2020 Fac PE RVU:** 1.16

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 5,346

2007 Work RVU: 4.43 **2020 Work RVU:** 4.49
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2020 Fac PE RVU:**3.33

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 14,146

2007 Work RVU: **2020 Work RVU:** 2.70
2007 NF PE RVU: **2020 NF PE RVU:** 3.78
2007 Fac PE RVU **2020 Fac PE RVU:**1.20

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2018 Medicare Utilization:** 189,244

2007 Work RVU: 0.88 **2020 Work RVU:** 0.60
2007 NF PE RVU: 1.58 **2020 NF PE RVU:** 1.45
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:**0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2018 Medicare Utilization:** 169,019

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2020 NF PE RVU:** 0.70
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2018 Medicare Utilization:** 233,317

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2020 NF PE RVU:** 1.18
2007 Fac PE RVU 0.27 **2020 Fac PE RVU:**0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2018 Medicare Utilization:** 55,477

2007 Work RVU: 1.47 **2020 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2020 NF PE RVU:** 2.33
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**0.58

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2018 Medicare Utilization:** 190,708

2007 Work RVU: 1.50 **2020 Work RVU:** 0.87
2007 NF PE RVU: 1.72 **2020 NF PE RVU:** 1.42
2007 Fac PE RVU 0.71 **2020 Fac PE RVU:**0.30

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2018 Medicare Utilization:** 4,960

2007 Work RVU: 1.71 **2020 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2020 NF PE RVU:** 6.37
2007 Fac PE RVU 7.41 **2020 Fac PE RVU:**NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2018 Medicare Utilization:** 2,139

2007 Work RVU: **2020 Work RVU:** 2.11
2007 NF PE RVU: **2020 NF PE RVU:** 7.54
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2018 Medicare Utilization:** 79,608

2007 Work RVU: **2020 Work RVU:** 2.11
2007 NF PE RVU: **2020 NF PE RVU:** 7.69
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2018 Medicare Utilization:** 64,885

2007 Work RVU: **2020 Work RVU:** 2.51
2007 NF PE RVU: **2020 NF PE RVU:** 7.89
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.51 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2018 Medicare Utilization:** 10,905

2007 Work RVU: 0.61 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2020 NF PE RVU:** 0.20
2007 Fac PE RVU 0.67 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2018 Medicare Utilization:** 436,221

2007 Work RVU: 1.14 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2020 NF PE RVU:** 0.21
2007 Fac PE RVU 0.91 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 **Deleted from CPT** **Global:** **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.61 **2020 Work RVU:**
2007 NF PE RVU: 5.44 **2020 NF PE RVU:**
2007 Fac PE RVU 5.44 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2018 Medicare Utilization:** 140,582

2007 Work RVU: 1.53 **2020 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2020 NF PE RVU:** 1.08
2007 Fac PE RVU 3.95 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.75. Maintain, CPT Assistant addressed issues identified.

Referred to CPT February 2014 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2018 Medicare Utilization:** 8,087

2007 Work RVU: 1.10 **2020 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2020 NF PE RVU:** 5.83
2007 Fac PE RVU 5.74 **2020 Fac PE RVU:**NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.53 **2020 Work RVU:**
2007 NF PE RVU: 7.15 **2020 NF PE RVU:**
2007 Fac PE RVU 7.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2018 Medicare Utilization:** 117,302

2007 Work RVU: 1.60 **2020 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2020 NF PE RVU:** 3.73
2007 Fac PE RVU 5.55 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2018 Medicare Utilization:** 2,110,177

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.4 **2020 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010 **2018 Medicare Utilization:** 888,359

2007 Work RVU: 2.23 **2020 Work RVU:** 1.53
2007 NF PE RVU: 3.4 **2020 NF PE RVU:** 4.28
2007 Fac PE RVU 0.91 **2020 Fac PE RVU:**0.62

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: June 2008 **2018 Medicare Utilization:** 18,449

2007 Work RVU: 3.70 **2020 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2020 NF PE RVU:** 16.90
2007 Fac PE RVU 1.47 **2020 Fac PE RVU:**1.18

RUC Recommendation: 3.50

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2018 Medicare Utilization:** 37,395

2007 Work RVU: 3.14 **2020 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2020 NF PE RVU:** 17.22
2007 Fac PE RVU 1.28 **2020 Fac PE RVU:**1.37

RUC Recommendation: 4.05

Referred to CPT

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2018 Medicare Utilization:** 27,843

2007 Work RVU: 4.62 **2020 Work RVU:** 4.62
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2020 Fac PE RVU:**1.93

RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 4.62

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: April 2011 **2018 Medicare Utilization:** 32,634

2007 Work RVU: 5.44 **2020 Work RVU:** 5.44
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2020 Fac PE RVU:**2.25

RUC Recommendation: 5.44

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2018 Medicare Utilization:** 21,959

2007 Work RVU: 9.71 **2020 Work RVU:** 7.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2020 Fac PE RVU:**2.95

RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 8.75

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2018 Medicare Utilization:** 66,120

2007 Work RVU: 2.80 **2020 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2020 NF PE RVU:** 6.09
2007 Fac PE RVU 1.21 **2020 Fac PE RVU:**1.30

RUC Recommendation: 2.80

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder** **Global:** 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 44,471

2007 Work RVU: **2020 Work RVU:** 3.20
2007 NF PE RVU: **2020 NF PE RVU:** 6.68
2007 Fac PE RVU **2020 Fac PE RVU:** 1.30

RUC Recommendation: Remove from Screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2018 Medicare Utilization:** 151,065

2007 Work RVU: 2.83 **2020 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2020 NF PE RVU:** 9.81
2007 Fac PE RVU 1.19 **2020 Fac PE RVU:** 1.32

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde** **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2018 Medicare Utilization:** 323

2007 Work RVU: 4.82 **2020 Work RVU:** 3.37
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.89 **2020 Fac PE RVU:** 1.51

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2018 Medicare Utilization:** 2,430

2007 Work RVU: 6.11 **2020 Work RVU:** 5.35
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2020 Fac PE RVU:**2.22
Result: Decrease

RUC Recommendation: 5.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2018 Medicare Utilization:** 191

2007 Work RVU: 6.61 **2020 Work RVU:** 5.85
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2020 Fac PE RVU:**2.39
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2018 Medicare Utilization:** 26

2007 Work RVU: 7.31 **2020 Work RVU:** 6.55
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2020 Fac PE RVU:**2.62
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 3,145

2007 Work RVU: 7.81 **2020 Work RVU:** 7.05
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2020 Fac PE RVU:**2.79
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2018 Medicare Utilization:** 450

RUC Recommendation: 7.55

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 8.31 **2020 Work RVU:** 7.55

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.27 **2020 Fac PE RVU:** 2.96

Result: Decrease

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2018 Medicare Utilization:** 241

RUC Recommendation: 8.58

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.34 **2020 Work RVU:** 8.58

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 3.62 **2020 Fac PE RVU:** 3.32

Result: Decrease

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2018 Medicare Utilization:** 23,014

RUC Recommendation: 5.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.85 **2020 Work RVU:** 5.75

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 2.36 **2020 Fac PE RVU:** 2.32

Result: Decrease

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2018 Medicare Utilization:** 24,993

RUC Recommendation: 6.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.87 **2020 Work RVU:** 6.75

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 2.77 **2020 Fac PE RVU:** 2.69

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2018 Medicare Utilization:** 11,144

2007 Work RVU: 7.96 **2020 Work RVU:** 7.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2020 Fac PE RVU:** 2.95
Result: Decrease

RUC Recommendation: 7.50

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2018 Medicare Utilization:** 8,908

2007 Work RVU: 7.33 **2020 Work RVU:** 8.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2020 Fac PE RVU:** 3.12
Result: Increase

RUC Recommendation: 8.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2018 Medicare Utilization:** 873

2007 Work RVU: 8.81 **2020 Work RVU:** 9.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2020 Fac PE RVU:** 3.45
Result: Increase

RUC Recommendation: 10.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA

First Identified: January 2013 **2018 Medicare Utilization:** 70,091

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 8.00

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 3.08

Result: Decrease

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 161

RUC Recommendation: 8.69

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.06 **2020 Work RVU:** 8.69

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 4.18 **2020 Fac PE RVU:** 4.09

Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 3,175

RUC Recommendation: 8.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.39 **2020 Work RVU:** 8.14

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 4.52 **2020 Fac PE RVU:** 5.04

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2018 Medicare Utilization:** 45,167

2007 Work RVU: 15.13 **2020 Work RVU:** 13.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2020 Fac PE RVU:**6.39

RUC Recommendation: 13.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 1,588

2007 Work RVU: 6.89 **2020 Work RVU:** 4.79
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2020 Fac PE RVU:**3.79

RUC Recommendation: 4.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2018 Medicare Utilization:** 19,400

2007 Work RVU: 12.00 **2020 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2020 NF PE RVU:** 34.28
2007 Fac PE RVU 5.44 **2020 Fac PE RVU:**6.40

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 2,035

2007 Work RVU: 15.21 **2020 Work RVU:** 13.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2020 Fac PE RVU:**7.29

RUC Recommendation: 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy** **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2018 Medicare Utilization:** 3,405

2007 Work RVU: 9.98 **2020 Work RVU:** 5.42
2007 NF PE RVU: 82.87 **2020 NF PE RVU:** 38.30
2007 Fac PE RVU 4.46 **2020 Fac PE RVU:**4.06

RUC Recommendation: 10.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 5,433

2007 Work RVU: 14.39 **2020 Work RVU:** 14.52
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2020 Fac PE RVU:**7.18

RUC Recommendation: 14.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 1,264

2007 Work RVU: 16.48 **2020 Work RVU:** 15.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2020 Fac PE RVU:**7.94

RUC Recommendation: 15.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 2,715

2007 Work RVU: 5.25 **2020 Work RVU:** 5.30
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2020 Fac PE RVU:**3.45

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2018 Medicare Utilization:** 1,158

2007 Work RVU: 9.31 **2020 Work RVU:** 8.46
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2020 Fac PE RVU:**5.17

RUC Recommendation: 8.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2018 Medicare Utilization:** 148,981

2007 Work RVU: 2.58 **2020 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2020 NF PE RVU:** 4.31
2007 Fac PE RVU 0.82 **2020 Fac PE RVU:**0.99

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2018 Medicare Utilization:** 1,619

2007 Work RVU: **2020 Work RVU:** 6.28
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**3.80

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;** **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2018 Medicare Utilization:** 1,672

2007 Work RVU: 24.45 **2020 Work RVU:** 21.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2020 Fac PE RVU:**9.98
Result: Decrease

RUC Recommendation: 21.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)** **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2018 Medicare Utilization:** 202

2007 Work RVU: 26.31 **2020 Work RVU:** 21.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2020 Fac PE RVU:**9.98
Result: Decrease

RUC Recommendation: 24.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes** **Global:** 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2018 Medicare Utilization:** 1,151

2007 Work RVU: 30.52 **2020 Work RVU:** 25.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2020 Fac PE RVU:**11.28
Result: Decrease

RUC Recommendation: 29.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 19,109

2007 Work RVU: 32.25 **2020 Work RVU:** 26.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2020 Fac PE RVU:** 11.80
Result: Decrease

RUC Recommendation: 26.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 1,598

2007 Work RVU: 20.25 **2020 Work RVU:** 13.60
2007 NF PE RVU: NA **2020 NF PE RVU:** 160.37
2007 Fac PE RVU 9.59 **2020 Fac PE RVU:** 6.90
Result: Decrease

RUC Recommendation: 13.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2018 Medicare Utilization:** 6,125

2007 Work RVU: 13.31 **2020 Work RVU:** 13.46
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2020 Fac PE RVU:** 7.35
Result: Not Part of RAW

RUC Recommendation: Review data at RAW

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2018 Medicare Utilization:** 3,189

2007 Work RVU: 3.03 **2020 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2020 NF PE RVU:** 3.69
2007 Fac PE RVU 1.79 **2020 Fac PE RVU:**2.41

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2018 Medicare Utilization:** 2,968

2007 Work RVU: 8.44 **2020 Work RVU:** 7.53
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2020 Fac PE RVU:**7.21

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG

First Identified: July 2016 **2018 Medicare Utilization:** 25,222

2007 Work RVU: 0.55 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2020 NF PE RVU:** 0.95
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2018 Medicare Utilization:** 3,125

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.79 **2020 Work RVU:** 5.15
2007 NF PE RVU: NA **2020 NF PE RVU:** 5.33
2007 Fac PE RVU 4.3 **2020 Fac PE RVU:** 2.56
Result: Decrease

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2018 Medicare Utilization:** 14,282

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.69
2007 NF PE RVU: **2020 NF PE RVU:** 3.25
2007 Fac PE RVU **2020 Fac PE RVU:** 1.42
Result: Decrease

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2018 Medicare Utilization:** 86,237

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.89 **2020 Work RVU:** 0.89
2007 NF PE RVU: 1.02 **2020 NF PE RVU:** 0.94
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:** 0.33
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2018 Medicare Utilization:** 9,271

2007 Work RVU: 11.42 **2020 Work RVU:** 10.08
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2020 Fac PE RVU:**5.96

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2018 Medicare Utilization:** 8,142

2007 Work RVU: 11.42 **2020 Work RVU:** 10.08
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.93 **2020 Fac PE RVU:**6.00

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2018 Medicare Utilization:** 9,156

2007 Work RVU: 14.36 **2020 Work RVU:** 13.25
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.08 **2020 Fac PE RVU:**7.18

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2018 Medicare Utilization:** 4,168

2007 Work RVU: 15.86 **2020 Work RVU:** 15.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.1 **2020 Fac PE RVU:**7.86

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57282 **Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)** **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 7,436

2007 Work RVU: 7.84 **2020 Work RVU:** 7.97
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2020 Fac PE RVU:**6.03
Result: Increase

RUC Recommendation: 13.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

57283 **Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)** **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 5,164

2007 Work RVU: 11.58 **2020 Work RVU:** 11.66
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.74 **2020 Fac PE RVU:**6.81
Result: Increase

RUC Recommendation: 13.51

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 1,848

2007 Work RVU: 11.49 **2020 Work RVU:** 11.15
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2020 Fac PE RVU:**8.02
Result: Decrease

RUC Recommendation: 10.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 25,000

2007 Work RVU: 14.01 **2020 Work RVU:** 12.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2020 Fac PE RVU:**7.37
Result: Decrease

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 9,046

2007 Work RVU: 16.93 **2020 Work RVU:** 17.03
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2020 Fac PE RVU:**8.80

RUC Recommendation: 18.02 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2018 Medicare Utilization:** 68,625

2007 Work RVU: 1.53 **2020 Work RVU:** 1.21
2007 NF PE RVU: 1.27 **2020 NF PE RVU:** 1.40
2007 Fac PE RVU 0.69 **2020 Fac PE RVU:**0.46

RUC Recommendation: 1.21 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2018 Medicare Utilization:** 704

2007 Work RVU: 0.77 **2020 Work RVU:** 0.77
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.57
2007 Fac PE RVU 0.29 **2020 Fac PE RVU:**0.30

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2018 Medicare Utilization:** 1,576

2007 Work RVU: 3.33 **2020 Work RVU:** 2.65
2007 NF PE RVU: 2.32 **2020 NF PE RVU:** 6.19
2007 Fac PE RVU 1.47 **2020 Fac PE RVU:**1.35

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2018 Medicare Utilization:** 45,767

2007 Work RVU: 4.74 **2020 Work RVU:** 4.17
2007 NF PE RVU: 2.52 **2020 NF PE RVU:** 34.80
2007 Fac PE RVU 2.05 **2020 Fac PE RVU:**1.93

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2018 Medicare Utilization:** 226

2007 Work RVU: 6.16 **2020 Work RVU:** 5.20
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2020 Fac PE RVU:**2.32

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2018 Medicare Utilization:** 48

RUC Recommendation: 6.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.99 **2020 Work RVU:** 5.75
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2020 Fac PE RVU:**2.51
Result: Decrease

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2018 Medicare Utilization:** 2,371

RUC Recommendation: 7.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.99 **2020 Work RVU:** 6.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4 **2020 Fac PE RVU:**2.84
Result: Decrease

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2018 Medicare Utilization:** 228

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.20 **2020 Work RVU:** 4.00
2007 NF PE RVU: 2.63 **2020 NF PE RVU:** 6.69
2007 Fac PE RVU 2.21 **2020 Fac PE RVU:**1.85
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2018 Medicare Utilization:** 3,139

2007 Work RVU: 6.16 **2020 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2020 NF PE RVU:** 50.46
2007 Fac PE RVU 2.58 **2020 Fac PE RVU:** 2.03

RUC Recommendation: 4.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2018 Medicare Utilization:** 850

2007 Work RVU: 11.54 **2020 Work RVU:** 11.59
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2020 Fac PE RVU:** 6.08

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2018 Medicare Utilization:** 12,235

2007 Work RVU: 11.30 **2020 Work RVU:** 11.35
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2020 Fac PE RVU:** 5.71

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 3.37 **2020 Work RVU:**
2007 NF PE RVU: 20.75 **2020 NF PE RVU:**
2007 Fac PE RVU 1.08 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2018 Medicare Utilization:** 3,237

2007 Work RVU: 26.80 **2020 Work RVU:** 32.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2020 Fac PE RVU:**21.24

RUC Recommendation: 32.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2018 Medicare Utilization:** 1,784

2007 Work RVU: 13.48 **2020 Work RVU:** 14.37
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2020 Fac PE RVU:**5.57

RUC Recommendation: 14.37 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2018 Medicare Utilization:** 919

2007 Work RVU: 15.29 **2020 Work RVU:** 18.01
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2020 Fac PE RVU:**7.77

RUC Recommendation: 18.54 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 26

2007 Work RVU: 1.71 **2020 Work RVU:** 1.71
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2020 Fac PE RVU:**0.81
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 69

2007 Work RVU: 1.61 **2020 Work RVU:** 1.61
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2020 Fac PE RVU:**0.61
Result: Maintain

RUC Recommendation: 1.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 779

2007 Work RVU: 6.22 **2020 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU 1.81 **2020 Fac PE RVU:**2.43
Result: Decrease

RUC Recommendation: 6.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 810

2007 Work RVU: 11.04 **2020 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2020 NF PE RVU:** 10.16
2007 Fac PE RVU 3.17 **2020 Fac PE RVU:**4.31
Result: Decrease

RUC Recommendation: 11.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59430 **Postpartum care only (separate procedure)** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 1,149

2007 Work RVU: 2.13 **2020 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2020 NF PE RVU:** 2.87
2007 Fac PE RVU 0.88 **2020 Fac PE RVU:** 0.96
Result: Increase

RUC Recommendation: 2.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2018 Medicare Utilization:** 2,665

2007 Work RVU: 30.34 **2020 Work RVU:** 35.64
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2020 Fac PE RVU:** 22.86
Result: Increase

RUC Recommendation: 36.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2018 Medicare Utilization:** 1,359

2007 Work RVU: 15.95 **2020 Work RVU:** 16.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2020 Fac PE RVU:** 6.16
Result: Increase

RUC Recommendation: 16.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59515 **Cesarean delivery only; including postpartum care** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 868

2007 Work RVU: 18.26 **2020 Work RVU:** 21.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2020 Fac PE RVU:** 9.58
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 87

2007 Work RVU: 28.21 **2020 Work RVU:** 33.87
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2020 Fac PE RVU:**21.51
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 71

2007 Work RVU: 15.04 **2020 Work RVU:** 16.09
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2020 Fac PE RVU:**6.07
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 41

2007 Work RVU: 16.59 **2020 Work RVU:** 19.73
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2020 Fac PE RVU:**7.87
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 28

2007 Work RVU: 31.78 **2020 Work RVU:** 36.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2020 Fac PE RVU:**22.95

RUC Recommendation: 36.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 14

2007 Work RVU: 17.50 **2020 Work RVU:** 16.66
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2020 Fac PE RVU:**6.28

RUC Recommendation: 16.66 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2018 Medicare Utilization:** 7

2007 Work RVU: 19.70 **2020 Work RVU:** 22.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2020 Fac PE RVU:**10.05

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 7,724

2007 Work RVU: 12.29 **2020 Work RVU:** 11.19
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2020 Fac PE RVU:**7.13

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2018 Medicare Utilization:** 299

2007 Work RVU: 14.67 **2020 Work RVU:** 14.79

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 7.22 **2020 Fac PE RVU:** 9.39

RUC Recommendation: 14.67

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2018 Medicare Utilization:** 399

2007 Work RVU: 17.07 **2020 Work RVU:** 17.16

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 7.95 **2020 Fac PE RVU:** 9.32

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2018 Medicare Utilization:** 292

2007 Work RVU: 19.11 **2020 Work RVU:** 19.18

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 9.22 **2020 Fac PE RVU:** 8.92

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2018 Medicare Utilization:** 113

2007 Work RVU: 23.37 **2020 Work RVU:** 23.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2020 Fac PE RVU:** 10.68

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2018 Medicare Utilization:** 323

2007 Work RVU: 2.10 **2020 Work RVU:** 2.10
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2020 Fac PE RVU:** 1.06

RUC Recommendation: Editorial change

Referred to CPT October 2013

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009 **2018 Medicare Utilization:** 16,059

2007 Work RVU: **2020 Work RVU:** 3.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.72

RUC Recommendation: 3.75

Referred to CPT October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2018 Medicare Utilization:** 16,488

2007 Work RVU: **2020 Work RVU:** 3.18
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.37

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2018 Medicare Utilization:** 15,373

2007 Work RVU: **2020 Work RVU:** 3.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.76

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 17.75 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 10.08 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT** **Global:** **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 4.03 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.87 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2018 Medicare Utilization:** 6,546

2007 Work RVU: **2020 Work RVU:** 13.93
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 10.23

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2018 Medicare Utilization:** 7,744

2007 Work RVU: **2020 Work RVU:** 3.48
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.60

RUC Recommendation: 3.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2018 Medicare Utilization:** 3,553

2007 Work RVU: **2020 Work RVU:** 19.85
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 12.84

RUC Recommendation: 19.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2018 Medicare Utilization:** 800

2007 Work RVU: **2020 Work RVU:** 4.81
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 2.21

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2018 Medicare Utilization:** 5,687

2007 Work RVU: **2020 Work RVU:** 2.25
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.34

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2018 Medicare Utilization:** 5,727

2007 Work RVU: 7.37 **2020 Work RVU:** 6.05
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2020 Fac PE RVU:** 6.76

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 365

RUC Recommendation: 6.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.41 **2020 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2020 NF PE RVU:** 12.03
2007 Fac PE RVU 3.11 **2020 Fac PE RVU:**3.43
Result: Maintain

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2018 Medicare Utilization:** 80,083

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.37 **2020 Work RVU:** 1.22
2007 NF PE RVU: 2.82 **2020 NF PE RVU:** 2.59
2007 Fac PE RVU 0.55 **2020 Fac PE RVU:**0.41
Result: Increase

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2018 Medicare Utilization:** 6,276

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.35 **2020 Work RVU:** 1.58
2007 NF PE RVU: 3.47 **2020 NF PE RVU:** 3.32
2007 Fac PE RVU 0.68 **2020 Fac PE RVU:**0.64
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2018 Medicare Utilization:** 520

2007 Work RVU: 2.66 **2020 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2020 NF PE RVU:** 3.91
2007 Fac PE RVU 0.89 **2020 Fac PE RVU:** 1.66

RUC Recommendation: Remove 99238

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2018 Medicare Utilization:** 15,170

2007 Work RVU: 1.54 **2020 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2020 NF PE RVU:** 3.94
2007 Fac PE RVU 0.67 **2020 Fac PE RVU:** 0.78

RUC Recommendation: 1.54

Referred to CPT October 2013

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2018 Medicare Utilization:** 167

2007 Work RVU: 8.88 **2020 Work RVU:** 9.03
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2020 Fac PE RVU:** 6.58

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2018 Medicare Utilization:** 7,703

2007 Work RVU: 3.00 **2020 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2020 NF PE RVU:** 6.80
2007 Fac PE RVU 1.31 **2020 Fac PE RVU:** 1.51

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 4,595

2007 Work RVU: **2020 Work RVU:** 2.29
2007 NF PE RVU: **2020 NF PE RVU:** 4.89
2007 Fac PE RVU **2020 Fac PE RVU:** 1.02

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 416

2007 Work RVU: **2020 Work RVU:** 2.29
2007 NF PE RVU: **2020 NF PE RVU:** 5.03
2007 Fac PE RVU **2020 Fac PE RVU:** 1.02

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 20,476

2007 Work RVU: **2020 Work RVU:** 2.25
2007 NF PE RVU: **2020 NF PE RVU:** 4.83
2007 Fac PE RVU **2020 Fac PE RVU:** 1.01

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 6,950

2007 Work RVU: **2020 Work RVU:** 2.35
2007 NF PE RVU: **2020 NF PE RVU:** 5.37
2007 Fac PE RVU **2020 Fac PE RVU:** 1.05

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.91 **2020 Work RVU:**
2007 NF PE RVU: 4.35 **2020 NF PE RVU:**
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.54 **2020 Work RVU:**
2007 NF PE RVU: 4.35 **2020 NF PE RVU:**
2007 Fac PE RVU 0.58 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 2.04 **2020 Work RVU:**
2007 NF PE RVU: 5.09 **2020 NF PE RVU:**
2007 Fac PE RVU 0.61 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.87 **2020 Work RVU:**
2007 NF PE RVU: 4.45 **2020 NF PE RVU:**
2007 Fac PE RVU 0.58 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2018 Medicare Utilization:** 7,051

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 2.69
2007 Fac PE RVU **2020 Fac PE RVU:** 0.88

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2018 Medicare Utilization: 213,445

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2020 Work RVU: 1.95
2020 NF PE RVU: 5.24
2020 Fac PE RVU: 0.96

RUC Recommendation: 1.95

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2018 Medicare Utilization: 48,167

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2020 Work RVU: 1.55
2020 NF PE RVU: 2.57
2020 Fac PE RVU: 0.73

RUC Recommendation: 1.55

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2018 Medicare Utilization:** 703,725

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 5.31
2007 Fac PE RVU **2020 Fac PE RVU:** 0.88

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2018 Medicare Utilization:** 23,020

2007 Work RVU: **2020 Work RVU:** 1.89
2007 NF PE RVU: **2020 NF PE RVU:** 2.02
2007 Fac PE RVU **2020 Fac PE RVU:** 0.54

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2018 Medicare Utilization: 1,344

2007 Work RVU: **2020 Work RVU:** 2.20
2007 NF PE RVU: **2020 NF PE RVU:** 4.55
2007 Fac PE RVU **2020 Fac PE RVU:** 0.74

RUC Recommendation: 2.20

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2018 Medicare Utilization: 6,414

2007 Work RVU: **2020 Work RVU:** 1.78
2007 NF PE RVU: **2020 NF PE RVU:** 2.25
2007 Fac PE RVU **2020 Fac PE RVU:** 0.59

RUC Recommendation: 1.78

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015 **2018 Medicare Utilization:** 2,386

2007 Work RVU: **2020 Work RVU:** 1.90
2007 NF PE RVU: **2020 NF PE RVU:** 4.99
2007 Fac PE RVU **2020 Fac PE RVU:** 0.81

RUC Recommendation: 1.90

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62328 **Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.73
2007 NF PE RVU: **2020 NF PE RVU:** 5.43
2007 Fac PE RVU **2020 Fac PE RVU:** 0.62

RUC Recommendation: 1.95

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

62329 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.03
2007 NF PE RVU: **2020 NF PE RVU:** 6.73
2007 Fac PE RVU **2020 Fac PE RVU:** 0.80

RUC Recommendation: 2.25

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 5,633

2007 Work RVU: 8.04 **2020 Work RVU:** 6.05
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4 **2020 Fac PE RVU:** 4.28

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,087

2007 Work RVU: 6.60 **2020 Work RVU:** 3.55
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2020 Fac PE RVU:** 3.46

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2018 Medicare Utilization:** 300

2007 Work RVU: 3.68 **2020 Work RVU:** 4.33
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2020 Fac PE RVU:** 3.80

RUC Recommendation: 4.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2018 Medicare Utilization:** 38

2007 Work RVU: 6.59 **2020 Work RVU:** 5.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2020 Fac PE RVU:** 5.47

RUC Recommendation: 5.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 7,838

2007 Work RVU: 8.58 **2020 Work RVU:** 5.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2020 Fac PE RVU:** 4.26

RUC Recommendation: 6.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2018 Medicare Utilization:** 1,193

2007 Work RVU: 6.57 **2020 Work RVU:** 3.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2020 Fac PE RVU:** 3.65

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2018 Medicare Utilization:** 10,426

2007 Work RVU: 0.48 **2020 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.38
2007 Fac PE RVU 0.1 **2020 Fac PE RVU:**0.19

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2018 Medicare Utilization:** 42,318

2007 Work RVU: 0.75 **2020 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2020 NF PE RVU:** 0.53
2007 Fac PE RVU 0.17 **2020 Fac PE RVU:**0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2018 Medicare Utilization:** 32,597

2007 Work RVU: **2020 Work RVU:** 0.67
2007 NF PE RVU: **2020 NF PE RVU:** 1.97
2007 Fac PE RVU **2020 Fac PE RVU:**0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2018 Medicare Utilization:** 99,703

2007 Work RVU: **2020 Work RVU:** 0.90
2007 NF PE RVU: **2020 NF PE RVU:** 1.84
2007 Fac PE RVU **2020 Fac PE RVU:** 0.35
Result: Decrease

RUC Recommendation: New PE inputs. 1.10

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2018 Medicare Utilization:** 30,049

2007 Work RVU: 13.03 **2020 Work RVU:** 13.18
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2020 Fac PE RVU:** 11.01
Result: Maintain

RUC Recommendation: Review action plan. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2018 Medicare Utilization:** 12,131

2007 Work RVU: 18.61 **2020 Work RVU:** 18.76
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2020 Fac PE RVU:** 13.57
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2018 Medicare Utilization:** 10,759

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 17.82 **2020 Work RVU:** 17.95
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2020 Fac PE RVU:** 13.41
Result: Maintain

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2018 Medicare Utilization:** 3,968

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 17.12 **2020 Work RVU:** 17.25
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2020 Fac PE RVU:** 12.98
Result: Maintain

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2018 Medicare Utilization:** 101,281

RUC Recommendation: 15.37

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 15.22 **2020 Work RVU:** 15.37
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2020 Fac PE RVU:** 12.02
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2018 Medicare Utilization:** 131,299

2007 Work RVU: 3.47 **2020 Work RVU:** 3.47
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2020 Fac PE RVU:** 1.66

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2018 Medicare Utilization:** 6,248

2007 Work RVU: 21.73 **2020 Work RVU:** 21.86
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2020 Fac PE RVU:** 14.71

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2018 Medicare Utilization:** 517

2007 Work RVU: 19.47 **2020 Work RVU:** 19.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2020 Fac PE RVU:** 13.77

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2018 Medicare Utilization:** 355

2007 Work RVU: 4.04 **2020 Work RVU:** 4.04
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2020 Fac PE RVU:** 1.93

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2018 Medicare Utilization:** 838

2007 Work RVU: 30.78 **2020 Work RVU:** 30.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2020 Fac PE RVU:** 18.33

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2018 Medicare Utilization:** 376

2007 Work RVU: **2020 Work RVU:** 15.60
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 11.01

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2018 Medicare Utilization:** 81

2007 Work RVU: **2020 Work RVU:** 4.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 1.84

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007 **2018 Medicare Utilization:** 91,034

2007 Work RVU: 7.57 **2020 Work RVU:** 7.15
2007 NF PE RVU: NA **2020 NF PE RVU:** 46.26
2007 Fac PE RVU 3.11 **2020 Fac PE RVU:** 4.01

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008 **2018 Medicare Utilization:** 9,462

2007 Work RVU: 11.43 **2020 Work RVU:** 10.92
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2020 Fac PE RVU:** 9.64

RUC Recommendation: 11.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 6.87 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 3.54 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2018 Medicare Utilization:** 3,933

2007 Work RVU: **2020 Work RVU:** 5.08
2007 NF PE RVU: **2020 NF PE RVU:** 12.39
2007 Fac PE RVU **2020 Fac PE RVU:** 3.40

RUC Recommendation: 5.03 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2018 Medicare Utilization:** 2,158

2007 Work RVU: **2020 Work RVU:** 11.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 9.79

RUC Recommendation: 10.87 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2018 Medicare Utilization:** 1,736

2007 Work RVU: **2020 Work RVU:** 7.75
2007 NF PE RVU: **2020 NF PE RVU:** 15.59
2007 Fac PE RVU **2020 Fac PE RVU:** 4.21

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2018 Medicare Utilization:** 807

2007 Work RVU: **2020 Work RVU:** 11.52
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 10.04

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 30,064

2007 Work RVU: 7.87 **2020 Work RVU:** 5.19
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2020 Fac PE RVU:** 4.15

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 Medicare Utilization:** 8,183

2007 Work RVU: 6.10 **2020 Work RVU:** 5.30
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2020 Fac PE RVU:** 4.28

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2018 Medicare Utilization:** 131,822

2007 Work RVU: 1.32 **2020 Work RVU:** 0.94
2007 NF PE RVU: 1.39 **2020 NF PE RVU:** 0.92
2007 Fac PE RVU 0.47 **2020 Fac PE RVU:** 0.40

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2018 Medicare Utilization:**

2007 Work RVU: 1.18 **2020 Work RVU:**
2007 NF PE RVU: 2.5 **2020 NF PE RVU:**
2007 Fac PE RVU 0.46 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

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64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus**

Global: 000 **Issue:** **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2018 Medicare Utilization:** 184,806

2007 Work RVU: 1.48 **2020 Work RVU:** 1.35
2007 NF PE RVU: 2.47 **2020 NF PE RVU:** 1.76
2007 Fac PE RVU 0.43 **2020 Fac PE RVU:**0.37

RUC Recommendation: Refer to CPT for bundling. 1.48

Referred to CPT After Imaging Guidance Workgroup is complete

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2018 Medicare Utilization:** 19,785

2007 Work RVU: 3.85 **2020 Work RVU:** 1.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2020 Fac PE RVU:**0.26

RUC Recommendation: Refer to CPT for bundling. Remove from screen. 1.81

Referred to CPT After Imaging Guidance Workgroup is complete

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve**

Global: 000 **Issue:** Somatic Nerve Injection **Screen:** part of New/Revised Review **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA

First Identified: October 2018 **2018 Medicare Utilization:** 14,039

2007 Work RVU: 1.44 **2020 Work RVU:** 1.27
2007 NF PE RVU: 2.65 **2020 NF PE RVU:** 2.51
2007 Fac PE RVU 0.46 **2020 Fac PE RVU:**0.37

RUC Recommendation: Refer to CPT

Referred to CPT After Imaging Guidance Workgroup is complete

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Injection, Anesthetic Agent **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA **First Identified:** October 2015 **2018 Medicare Utilization:** 31,257

2007 Work RVU: 1.32 **2020 Work RVU:** 1.10
2007 NF PE RVU: 2.43 **2020 NF PE RVU:** 1.20
2007 Fac PE RVU 0.46 **2020 Fac PE RVU:**0.42

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2018 Medicare Utilization:** 123,489

2007 Work RVU: 1.48 **2020 Work RVU:** 1.00
2007 NF PE RVU: 2.42 **2020 NF PE RVU:** 2.48
2007 Fac PE RVU 0.51 **2020 Fac PE RVU:**0.46

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2018 Medicare Utilization:** 5,954

2007 Work RVU: 3.61 **2020 Work RVU:** 1.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **2020 Fac PE RVU:**0.24

RUC Recommendation: Refer to CPT for bundling. 1.81 **Referred to CPT** After Imaging Guidance Workgroup is complete **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve** **Global:** 000 **Issue:** **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2018 Medicare Utilization:** 252,922

2007 Work RVU: 1.50 **2020 Work RVU:** 1.10
2007 NF PE RVU: NA **2020 NF PE RVU:** 1.34
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**0.34

RUC Recommendation: Refer to CPT for bundling. 1.50 **Referred to CPT** After Imaging Guidance Workgroup is complete **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2018 Medicare Utilization:** 40,742

2007 Work RVU: 3.36 **2020 Work RVU:** 1.41
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2020 Fac PE RVU:**0.25

RUC Recommendation: Refer to CPT for Bundling. Remove from screen. 1.63 **Referred to CPT** After Imaging Guidance Workgroup is complete **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2018 Medicare Utilization:** 2,206

2007 Work RVU: 3.24 **2020 Work RVU:** 1.27
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2020 Fac PE RVU:**0.40

RUC Recommendation: 1.81 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injection **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2018 Medicare Utilization:** 423,547

2007 Work RVU: 1.27 **2020 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2020 NF PE RVU:** 1.34
2007 Fac PE RVU 0.49 **2020 Fac PE RVU:** 0.39

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64455 **Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)** **Global:** 000 **Issue:** Injection – Digital Nerves **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2016 **2018 Medicare Utilization:** 72,951

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 0.57
2007 Fac PE RVU **2020 Fac PE RVU:** 0.19

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2018 Medicare Utilization:** 3,304

2007 Work RVU: **2020 Work RVU:** 1.75
2007 NF PE RVU: **2020 NF PE RVU:** 1.87
2007 Fac PE RVU **2020 Fac PE RVU:** 0.34

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

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64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2018 Medicare Utilization:** 1,321

2007 Work RVU: **2020 Work RVU:** 1.10
2007 NF PE RVU: **2020 NF PE RVU:** 0.92
2007 Fac PE RVU **2020 Fac PE RVU:** 0.23

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2018 Medicare Utilization:** 1,286

2007 Work RVU: **2020 Work RVU:** 1.90
2007 NF PE RVU: **2020 NF PE RVU:** 3.65
2007 Fac PE RVU **2020 Fac PE RVU:** 0.34

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT**

Global: **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.85 **2020 Work RVU:**
2007 NF PE RVU: 6.37 **2020 NF PE RVU:**
2007 Fac PE RVU 0.71 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT**

Global: **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.29 **2020 Work RVU:**
2007 NF PE RVU: 2.05 **2020 NF PE RVU:**
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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64475 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.41 **2020 Work RVU:**
2007 NF PE RVU: 6.07 **2020 NF PE RVU:**
2007 Fac PE RVU 0.62 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64476 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.98 **2020 Work RVU:**
2007 NF PE RVU: 1.86 **2020 NF PE RVU:**
2007 Fac PE RVU 0.24 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2018 Medicare Utilization:** 44,716

2007 Work RVU: 2.20 **2020 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2020 NF PE RVU:** 4.75
2007 Fac PE RVU 0.87 **2020 Fac PE RVU:**1.26

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2018 Medicare Utilization:** 20,092

2007 Work RVU: 1.54 **2020 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2020 NF PE RVU:** 2.29
2007 Fac PE RVU 0.45 **2020 Fac PE RVU:**0.48

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2018 Medicare Utilization:** 1,017,948

2007 Work RVU: 1.90 **2020 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2020 NF PE RVU:** 4.65
2007 Fac PE RVU 0.81 **2020 Fac PE RVU:** 1.13

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2018 Medicare Utilization:** 428,695

2007 Work RVU: 1.33 **2020 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2020 NF PE RVU:** 1.87
2007 Fac PE RVU 0.36 **2020 Fac PE RVU:** 0.41

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 254,645

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 3.42
2007 Fac PE RVU **2020 Fac PE RVU:** 1.04

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 230,093

2007 Work RVU: **2020 Work RVU:** 1.16
2007 NF PE RVU: **2020 NF PE RVU:** 1.45
2007 Fac PE RVU **2020 Fac PE RVU:** 0.46

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 151,520

2007 Work RVU: **2020 Work RVU:** 1.16
2007 NF PE RVU: **2020 NF PE RVU:** 1.47
2007 Fac PE RVU **2020 Fac PE RVU:** 0.48

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 874,502

2007 Work RVU: **2020 Work RVU:** 1.52
2007 NF PE RVU: **2020 NF PE RVU:** 3.28
2007 Fac PE RVU **2020 Fac PE RVU:** 0.93

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 782,894

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.44
2007 Fac PE RVU **2020 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2018 Medicare Utilization:** 454,855

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.44
2007 Fac PE RVU **2020 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2018 Medicare Utilization:** 6,748

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2020 NF PE RVU:** 2.62
2007 Fac PE RVU 0.49 **2020 Fac PE RVU:** 0.83

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2018 Medicare Utilization:** 20,780

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2020 NF PE RVU:** 4.61
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:**0.90

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2018 Medicare Utilization:** 6,029

2007 Work RVU: 0.18 **2020 Work RVU:**
2007 NF PE RVU: 0.26 **2020 NF PE RVU:**
2007 Fac PE RVU 0.05 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2018 Medicare Utilization:** 840

2007 Work RVU: 2.33 **2020 Work RVU:** 6.13
2007 NF PE RVU: 2.75 **2020 NF PE RVU:** 50.47
2007 Fac PE RVU 1.73 **2020 Fac PE RVU:**3.26

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2018 Medicare Utilization:** 2,059

2007 Work RVU: 2.29 **2020 Work RVU:** 5.76
2007 NF PE RVU: 2.96 **2020 NF PE RVU:** 46.70
2007 Fac PE RVU 1.23 **2020 Fac PE RVU:**3.32

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2018 Medicare Utilization:** 14,425

2007 Work RVU: 7.07 **2020 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2020 NF PE RVU:** 15.26
2007 Fac PE RVU 3.05 **2020 Fac PE RVU:**2.67

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 1.78 **2020 Work RVU:**
2007 NF PE RVU: 3.08 **2020 NF PE RVU:**
2007 Fac PE RVU 1.27 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2018 Medicare Utilization:** 191,894

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** 2.90
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2018 Medicare Utilization:** 938

2007 Work RVU: **2020 Work RVU:** 9.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 6.73

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 8.15 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.31 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 Medicare Utilization:** 10,054

2007 Work RVU: 14.15 **2020 Work RVU:** 12.20
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2020 Fac PE RVU:** 5.40

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2012 **2018 Medicare Utilization:** 11,721

2007 Work RVU: 2.42 **2020 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2020 NF PE RVU:** 4.79
2007 Fac PE RVU 2.33 **2020 Fac PE RVU:** 1.84

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2018 Medicare Utilization:** 135,048

2007 Work RVU: **2020 Work RVU:** 1.85
2007 NF PE RVU: **2020 NF PE RVU:** 1.89
2007 Fac PE RVU **2020 Fac PE RVU:** 1.12

RUC Recommendation: Refer to CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 3.02 **2020 Work RVU:**
2007 NF PE RVU: 6.82 **2020 NF PE RVU:**
2007 Fac PE RVU 1.34 **2020 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.99 **2020 Work RVU:**
2007 NF PE RVU: 2.62 **2020 NF PE RVU:**
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 3.82 **2020 Work RVU:**
2007 NF PE RVU: 6.99 **2020 NF PE RVU:**
2007 Fac PE RVU 1.93 **2020 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.16 **2020 Work RVU:**
2007 NF PE RVU: 3.98 **2020 NF PE RVU:**
2007 Fac PE RVU 0.26 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2018 Medicare Utilization:** 79,846

2007 Work RVU: **2020 Work RVU:** 3.84
2007 NF PE RVU: **2020 NF PE RVU:** 7.73
2007 Fac PE RVU **2020 Fac PE RVU:** 2.25

RUC Recommendation: Survey April 2020 **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2018 Medicare Utilization:** 127,593

2007 Work RVU: **2020 Work RVU:** 1.32
2007 NF PE RVU: **2020 NF PE RVU:** 3.90
2007 Fac PE RVU **2020 Fac PE RVU:** 0.52

RUC Recommendation: Survey April 2020 **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2018 Medicare Utilization:** 337,643

2007 Work RVU: **2020 Work RVU:** 3.78
2007 NF PE RVU: **2020 NF PE RVU:** 7.68
2007 Fac PE RVU **2020 Fac PE RVU:** 2.24

RUC Recommendation: Survey April 2020 **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2018 Medicare Utilization:** 514,552

2007 Work RVU: **2020 Work RVU:** 1.16
2007 NF PE RVU: **2020 NF PE RVU:** 3.60
2007 Fac PE RVU **2020 Fac PE RVU:** 0.45

RUC Recommendation: Survey April 2020 **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64640 **Destruction by neurolytic agent; other peripheral nerve or branch**

Global: 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2018 Medicare Utilization:** 164,574

2007 Work RVU: 2.78 **2020 Work RVU:** 1.98
2007 NF PE RVU: 3.75 **2020 NF PE RVU:** 4.89
2007 Fac PE RVU 1.75 **2020 Fac PE RVU:** 1.22

RUC Recommendation: 1.23. Remove 99238. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 4,512

2007 Work RVU: 6.22 **2020 Work RVU:** 6.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2020 Fac PE RVU:**6.96

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2018 Medicare Utilization:** 765

2007 Work RVU: 7.98 **2020 Work RVU:** 8.07
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2020 Fac PE RVU:**7.30

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2018 Medicare Utilization:** 867

2007 Work RVU: 10.23 **2020 Work RVU:** 9.16
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7 **2020 Fac PE RVU:**9.07

RUC Recommendation: 9.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65105 **Enucleation of eye; with implant, muscles attached to implant** **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2018 Medicare Utilization:** 814

2007 Work RVU: 9.70 **2020 Work RVU:** 9.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2020 Fac PE RVU:**14.87

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2018 Medicare Utilization:** 26,651

2007 Work RVU: 0.71 **2020 Work RVU:** 0.49
2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 0.55
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:** 0.32

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2018 Medicare Utilization:** 24,123

2007 Work RVU: 0.84 **2020 Work RVU:** 0.61
2007 NF PE RVU: 0.79 **2020 NF PE RVU:** 0.66
2007 Fac PE RVU 0.39 **2020 Fac PE RVU:** 0.40

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2018 Medicare Utilization:** 25,739

2007 Work RVU: 0.93 **2020 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2020 NF PE RVU:** 1.04
2007 Fac PE RVU 0.4 **2020 Fac PE RVU:** 0.57

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 741

RUC Recommendation: 16.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 14.43 **2020 Work RVU:** 15.36
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2020 Fac PE RVU:** 14.92
Result: Decrease

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2018 Medicare Utilization:** 1,953

RUC Recommendation: 8.80

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

2007 Work RVU: 10.43 **2020 Work RVU:** 7.81
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2020 Fac PE RVU:** 10.46
Result: Decrease

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2018 Medicare Utilization:** 20,886

RUC Recommendation: 1.53

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.91 **2020 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2020 NF PE RVU:** 1.75
2007 Fac PE RVU 1.16 **2020 Fac PE RVU:** 0.94
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.91 **2020 Work RVU:**
2007 NF PE RVU: 2.07 **2020 NF PE RVU:**
2007 Fac PE RVU 1.16 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2018 Medicare Utilization:** 143,251

2007 Work RVU: 3.90 **2020 Work RVU:** 3.00
2007 NF PE RVU: 4.14 **2020 NF PE RVU:** 3.76
2007 Fac PE RVU 3.01 **2020 Fac PE RVU:**2.64

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2018 Medicare Utilization:** 7,671

2007 Work RVU: 14.57 **2020 Work RVU:** 13.94
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2020 Fac PE RVU:**15.97

RUC Recommendation: 13.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2018 Medicare Utilization:** 3,201

RUC Recommendation: 14.81

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 18.26 **2020 Work RVU:** 14.84

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 15.21 **2020 Fac PE RVU:** 17.77

Result: Decrease

66174 **Transluminal dilation of aqueous outflow canal; without retention of device or stent**

Global: 090 **Issue:** RAW **Screen:** New Technology/ New Service **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO

First Identified: October 2019 **2018 Medicare Utilization:** 4,454

RUC Recommendation: Refer to CPT

Referred to CPT May 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 12.85

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 12.97

Result:

66175 **Transluminal dilation of aqueous outflow canal; with retention of device or stent**

Global: 090 **Issue:** RAW **Screen:** New Technology/ New Service **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO

First Identified: October 2019 **2018 Medicare Utilization:** 298

RUC Recommendation: Refer to CPT

Referred to CPT May 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 13.60

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 13.43

Result:

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2018 Medicare Utilization:** 967

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 14.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 15.49
Result: Decrease

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 10,596

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 16.02 **2020 Work RVU:** 15.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2020 Fac PE RVU:** 16.11
Result: Decrease

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2018 Medicare Utilization:** 2,361

RUC Recommendation: Maintain. 13.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 13.20
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 14.95
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2018 Medicare Utilization:** 620

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 9.58
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 11.97
Result: Decrease

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 1,725

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.35 **2020 Work RVU:** 10.58
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2020 Fac PE RVU:** 12.59
Result: Increase

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2017 **2018 Medicare Utilization:** 8,601

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.70 **2020 Work RVU:** 5.62
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2020 Fac PE RVU:** 8.19
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2018 Medicare Utilization:** 72,402

2007 Work RVU: 4.87 **2020 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2020 NF PE RVU:** 5.26
2007 Fac PE RVU 4.32 **2020 Fac PE RVU:** 3.45

RUC Recommendation: Maintain. 3.00

Referred to CPT February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2018 Medicare Utilization:** 671,428

2007 Work RVU: 3.32 **2020 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2020 NF PE RVU:** 5.72
2007 Fac PE RVU 3.6 **2020 Fac PE RVU:** 5.13

RUC Recommendation: Maintain

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 160,994

2007 Work RVU: 14.83 **2020 Work RVU:** 10.25
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2020 Fac PE RVU:** 10.19

RUC Recommendation: 10.25

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:** 119

2007 Work RVU: 10.20 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 6.18 **2020 Fac PE RVU:**0.00

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2018 Medicare Utilization:** 1,704,084

2007 Work RVU: 10.36 **2020 Work RVU:** 7.35
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2020 Fac PE RVU:**7.57

RUC Recommendation: 7.35

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66987 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:**0.00

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66988 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 10.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 14 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2018 Medicare Utilization:** 3,638,671

2007 Work RVU: 2.52 **2020 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2020 NF PE RVU:** 1.31
2007 Fac PE RVU 1.42 **2020 Fac PE RVU:** 1.24

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 17,165

2007 Work RVU: 13.09 **2020 Work RVU:** 12.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2020 Fac PE RVU:** 12.41

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:**

2007 Work RVU: 23.30 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 15.16 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 3,301

2007 Work RVU: 16.39 **2020 Work RVU:** 13.20
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2020 Fac PE RVU:**13.07

RUC Recommendation: 13.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 8,884

2007 Work RVU: 19.23 **2020 Work RVU:** 14.50
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2020 Fac PE RVU:**13.87

RUC Recommendation: 14.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 13,363

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 16.33
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 14.99
Result: Decrease

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 25,969

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 16.33
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 14.98
Result: Decrease

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 445

RUC Recommendation: 17.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 17.40
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 15.65
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2018 Medicare Utilization:** 377

2007 Work RVU: 8.60 **2020 Work RVU:** 3.50
2007 NF PE RVU: 9.04 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU 6.51 **2020 Fac PE RVU:** 4.28

RUC Recommendation: 3.50 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2018 Medicare Utilization:** 3,787

2007 Work RVU: 8.35 **2020 Work RVU:** 3.39
2007 NF PE RVU: 7.99 **2020 NF PE RVU:** 4.75
2007 Fac PE RVU 6.13 **2020 Fac PE RVU:** 4.12

RUC Recommendation: 3.84 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2018 Medicare Utilization:** 683

2007 Work RVU: 16.35 **2020 Work RVU:** 16.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2020 Fac PE RVU:** 14.79

RUC Recommendation: 16.00. Reduce 99238 to 0.5 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 16,549

2007 Work RVU: 22.49 **2020 Work RVU:** 17.13
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2020 Fac PE RVU:** 15.48

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2018 Medicare Utilization:** 2,472

2007 Work RVU: 10.02 **2020 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2020 NF PE RVU:** 14.09
2007 Fac PE RVU 7.37 **2020 Fac PE RVU:** 11.97

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2018 Medicare Utilization:**

2007 Work RVU: 18.45 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 11.71 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2018 Medicare Utilization:** 12,783

2007 Work RVU: **2020 Work RVU:** 19.00
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 17.43

RUC Recommendation: 19.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy**

Global: **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2020 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)**

Global: 090 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2019 **2018 Medicare Utilization:** 30,469

2007 Work RVU: 6.17 **2020 Work RVU:** 6.32
2007 NF PE RVU: 5.68 **2020 NF PE RVU:** 8.15
2007 Fac PE RVU 4.93 **2020 Fac PE RVU:** 7.25

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2018 Medicare Utilization:** 60,373

2007 Work RVU: 9.35 **2020 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2020 NF PE RVU:** 7.81
2007 Fac PE RVU 5.84 **2020 Fac PE RVU:**7.28

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2018 Medicare Utilization:** 4,097

2007 Work RVU: 14.19 **2020 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2020 NF PE RVU:** 8.25
2007 Fac PE RVU 8.9 **2020 Fac PE RVU:**7.28

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2018 Medicare Utilization:** 243

2007 Work RVU: 0.47 **2020 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2020 NF PE RVU:** 0.33
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**0.29

RUC Recommendation: 0.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2018 Medicare Utilization:** 64,418

2007 Work RVU: 13.67 **2020 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2020 NF PE RVU:** 4.96
2007 Fac PE RVU 8.43 **2020 Fac PE RVU:**3.93

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2018 Medicare Utilization:** 929

RUC Recommendation: 10.17

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.97 **2020 Work RVU:** 8.38

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 9.61 **2020 Fac PE RVU:** 10.35

Result: Maintain

67320 **Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:**

Screen: ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 390

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.40 **2020 Work RVU:** 5.40

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 1.98 **2020 Fac PE RVU:** 3.29

Result:

67331 **Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:**

Screen: ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 880

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.13 **2020 Work RVU:** 5.13

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 1.86 **2020 Fac PE RVU:** 3.13

Result:

Status Report: CMS Requests and Relativity Assessment Issues

67332 **Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 1,724

2007 Work RVU: 5.56 **2020 Work RVU:** 5.56
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.05 **2020 Fac PE RVU:**3.39

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 131

2007 Work RVU: 5.05 **2020 Work RVU:** 5.05
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.82 **2020 Fac PE RVU:**3.09

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

67335 **Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)**

Global: ZZZ **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 1,753

2007 Work RVU: 2.49 **2020 Work RVU:** 2.49
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.08 **2020 Fac PE RVU:**1.50

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 69

2007 Work RVU: 6.00 **2020 Work RVU:** 6.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2020 Fac PE RVU:**3.68

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2018 Medicare Utilization:** 8,816

2007 Work RVU: 1.44 **2020 Work RVU:** 1.18
2007 NF PE RVU: 0.66 **2020 NF PE RVU:** 0.80
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:**0.47

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2018 Medicare Utilization:** 197

2007 Work RVU: 1.27 **2020 Work RVU:** 1.18
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 1.08
2007 Fac PE RVU 0.34 **2020 Fac PE RVU:**0.71

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2018 Medicare Utilization:** 25,841

2007 Work RVU: 1.40 **2020 Work RVU:** 0.75
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 1.00
2007 Fac PE RVU 0.45 **2020 Fac PE RVU:**0.86

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2018 Medicare Utilization:** 228,900

2007 Work RVU: 0.71 **2020 Work RVU:** 0.32
2007 NF PE RVU: 0.57 **2020 NF PE RVU:** 0.41
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:**0.46

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2018 Medicare Utilization:** 1,608

2007 Work RVU: 3.70 **2020 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2020 NF PE RVU:** 9.60
2007 Fac PE RVU 2.99 **2020 Fac PE RVU:**5.19

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 390

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.21 **2020 Work RVU:** 2.03

2007 NF PE RVU: 5.62 **2020 NF PE RVU:** 6.48

2007 Fac PE RVU 2.75 **2020 Fac PE RVU:** 3.38

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 1,972

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.37 **2020 Work RVU:** 5.48

2007 NF PE RVU: 7.68 **2020 NF PE RVU:** 11.24

2007 Fac PE RVU 4.65 **2020 Fac PE RVU:** 6.23

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 24,973

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.08 **2020 Work RVU:** 5.93

2007 NF PE RVU: 8.08 **2020 NF PE RVU:** 11.09

2007 Fac PE RVU 4.95 **2020 Fac PE RVU:** 6.52

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 3,576

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.42 **2020 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2020 NF PE RVU:** 9.64
2007 Fac PE RVU 2.84 **2020 Fac PE RVU:**5.02
Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 125

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.09 **2020 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2020 NF PE RVU:** 6.26
2007 Fac PE RVU 2.7 **2020 Fac PE RVU:**3.36
Result: Decrease

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 1,399

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.94 **2020 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2020 NF PE RVU:** 11.25
2007 Fac PE RVU 4.86 **2020 Fac PE RVU:**6.26
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 Medicare Utilization:** 10,874

2007 Work RVU: 5.84 **2020 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2020 NF PE RVU:** 11.87
2007 Fac PE RVU 4.57 **2020 Fac PE RVU:**6.53

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2018 Medicare Utilization:** 5,642

2007 Work RVU: 0.85 **2020 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.88
2007 Fac PE RVU 0.42 **2020 Fac PE RVU:**0.50

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2018 Medicare Utilization:** 8,890

2007 Work RVU: 0.49 **2020 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2020 NF PE RVU:** 0.65
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**0.45

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2018 Medicare Utilization:** 34,387

2007 Work RVU: 0.96 **2020 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2020 NF PE RVU:** 1.73
2007 Fac PE RVU 1.48 **2020 Fac PE RVU:** 1.31

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2018 Medicare Utilization:** 28,147

2007 Work RVU: 2.63 **2020 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2020 NF PE RVU:** 2.86
2007 Fac PE RVU 2.7 **2020 Fac PE RVU:** 1.95

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2018 Medicare Utilization:** 487

2007 Work RVU: 2.39 **2020 Work RVU:** 1.74
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2020 Fac PE RVU:** 1.95

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2018 Medicare Utilization:** 8,289

2007 Work RVU: 3.24 **2020 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2020 NF PE RVU:** 8.12
2007 Fac PE RVU 2.74 **2020 Fac PE RVU:**3.35

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2018 Medicare Utilization:** 242

2007 Work RVU: **2020 Work RVU:** 2.10
2007 NF PE RVU: **2020 NF PE RVU:** 20.00
2007 Fac PE RVU **2020 Fac PE RVU:**2.19

RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2018 Medicare Utilization:** 155,217

2007 Work RVU: 0.81 **2020 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2020 NF PE RVU:** 1.89
2007 Fac PE RVU 0.4 **2020 Fac PE RVU:**0.47

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2018 Medicare Utilization:** 54,173

2007 Work RVU: 0.77 **2020 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2020 NF PE RVU:** 1.43
2007 Fac PE RVU 0.56 **2020 Fac PE RVU:**0.47

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011 **2018 Medicare Utilization:** 1,563,607

2007 Work RVU: 0.61 **2020 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.66
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.26

RUC Recommendation: 0.58.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.83 **2020 Work RVU:**
2007 NF PE RVU: 2.27 **2020 NF PE RVU:**
2007 Fac PE RVU 0.66 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.63 **2020 Work RVU:**
2007 NF PE RVU: 1.3 **2020 NF PE RVU:**
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2018 Medicare Utilization:**

2007 Work RVU: 2.65 **2020 Work RVU:**
2007 NF PE RVU: 3.48 **2020 NF PE RVU:**
2007 Fac PE RVU 2.19 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2018 Medicare Utilization:** 47,669

2007 Work RVU: 1.54 **2020 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2020 NF PE RVU:** 3.83
2007 Fac PE RVU 1.6 **2020 Fac PE RVU:**1.93

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2018 Medicare Utilization:** 21,875

2007 Work RVU: 8.61 **2020 Work RVU:** 2.06
2007 NF PE RVU: NA **2020 NF PE RVU:** 3.71
2007 Fac PE RVU 9.31 **2020 Fac PE RVU:**1.21

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 13.39 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 11.91 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2018 Medicare Utilization:** 4,043

2007 Work RVU: 17.60 **2020 Work RVU:** 17.73
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2020 Fac PE RVU:**14.60
Result: Maintain

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:** 23,905

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2018 Medicare Utilization:** 22,773

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2020 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70210 **Radiologic examination, sinuses, paranasal, less than 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 34,427

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 63,617

2007 Work RVU: 0.25 **2020 Work RVU:** 0.22
2007 NF PE RVU: 0.82 **2020 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 46,538

2007 Work RVU: 0.24 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.7 **2020 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 10,431

2007 Work RVU: 0.34 **2020 Work RVU:** 0.28
2007 NF PE RVU: 0.96 **2020 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2018 Medicare Utilization:** 2,258

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2020 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 70,783

2007 Work RVU: 0.17 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2020 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2018 Medicare Utilization:** 3,753

2007 Work RVU: 0.84 **2020 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2020 NF PE RVU:** 2.12
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.44 **2020 Work RVU:**
2007 NF PE RVU: 1.83 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**
Result: Maintain

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2018 Medicare Utilization:** 5,738,681

2007 Work RVU: 0.85 **2020 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2020 NF PE RVU:** 2.34
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2018 Medicare Utilization:** 30,531

2007 Work RVU: 1.13 **2020 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2020 NF PE RVU:** 3.40
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2018 Medicare Utilization:** 96,962

2007 Work RVU: 1.27 **2020 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2020 NF PE RVU:** 4.04
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 53,186

2007 Work RVU: 1.28 **2020 Work RVU:** 1.28
2007 NF PE RVU: 5.86 **2020 NF PE RVU:** 4.29
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 9,932

2007 Work RVU: 1.38 **2020 Work RVU:** 1.13
2007 NF PE RVU: 6.95 **2020 NF PE RVU:** 5.10
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.13 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2018 Medicare Utilization:** 5,056

2007 Work RVU: 1.45 **2020 Work RVU:** 1.27
2007 NF PE RVU: 8.36 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2018 Medicare Utilization:** 525,469

2007 Work RVU: 1.14 **2020 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2020 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 28,848

2007 Work RVU: 1.30 **2020 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2020 NF PE RVU:** 3.51
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2018 Medicare Utilization:** 3,505

2007 Work RVU: 1.42 **2020 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2020 NF PE RVU:** 4.39
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 67,654

2007 Work RVU: 1.28 **2020 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2020 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 269,968

2007 Work RVU: 1.38 **2020 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2020 NF PE RVU:** 4.25
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 23,722

2007 Work RVU: 1.45 **2020 Work RVU:** 1.62
2007 NF PE RVU: 8.04 **2020 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2018 Medicare Utilization:** 442,019

2007 Work RVU: 1.75 **2020 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2020 NF PE RVU:** 6.49
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2018 Medicare Utilization:** 462,061

2007 Work RVU: 1.75 **2020 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2020 NF PE RVU:** 6.48
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 10,592

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2020 NF PE RVU:** 5.91
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 1,159

2007 Work RVU: 1.62 **2020 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2020 NF PE RVU:** 6.99
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 58,651

2007 Work RVU: 2.15 **2020 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2020 NF PE RVU:** 8.70
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 258,697

2007 Work RVU: 1.20 **2020 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 3,819

2007 Work RVU: 1.20 **2020 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2020 NF PE RVU:** 5.93
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 17,878

2007 Work RVU: 1.80 **2020 Work RVU:** 1.48
2007 NF PE RVU: 22.97 **2020 NF PE RVU:** 8.87
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 81,113

2007 Work RVU: 1.20 **2020 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2020 NF PE RVU:** 5.65
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 20,203

2007 Work RVU: 1.20 **2020 Work RVU:** 1.50
2007 NF PE RVU: 12.65 **2020 NF PE RVU:** 6.14
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2018 Medicare Utilization:** 62,882

2007 Work RVU: 1.80 **2020 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2020 NF PE RVU:** 9.05
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2018 Medicare Utilization:** 1,135,737

2007 Work RVU: 1.48 **2020 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2020 NF PE RVU:** 4.70
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2018 Medicare Utilization:** 23,449

2007 Work RVU: 1.78 **2020 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2020 NF PE RVU:** 6.80
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2018 Medicare Utilization:** 991,306

2007 Work RVU: 2.36 **2020 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2020 NF PE RVU:** 7.85
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.18 **2020 Work RVU:**
2007 NF PE RVU: 0.5 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.21 **2020 Work RVU:**
2007 NF PE RVU: 0.58 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.22 **2020 Work RVU:**
2007 NF PE RVU: 0.66 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.27 **2020 Work RVU:**
2007 NF PE RVU: 0.79 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.31 **2020 Work RVU:**
2007 NF PE RVU: 0.84 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.38 **2020 Work RVU:**
2007 NF PE RVU: 1.06 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.31 **2020 Work RVU:**
2007 NF PE RVU: 0.88 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.46 **2020 Work RVU:**
2007 NF PE RVU: 1.69 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.18 **2020 Work RVU:**
2007 NF PE RVU: 0.62 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 16,151,058

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.52
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71046 **Radiologic examination, chest; 2 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 10,919,306

2007 Work RVU: **2020 Work RVU:** 0.22
2007 NF PE RVU: **2020 NF PE RVU:** 0.68
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71047 **Radiologic examination, chest; 3 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 17,977

2007 Work RVU: **2020 Work RVU:** 0.27
2007 NF PE RVU: **2020 NF PE RVU:** 0.87
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 13,740

2007 Work RVU: **2020 Work RVU:** 0.31

2007 NF PE RVU: **2020 NF PE RVU:** 0.93

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2016

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**

2007 NF PE RVU: NA **2020 NF PE RVU:**

2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2018 Medicare Utilization:** 183,694

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22

2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 0.76

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2018 Medicare Utilization:** 299,977

2007 Work RVU: 0.27 **2020 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2020 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2018 Medicare Utilization:** 26,409

2007 Work RVU: 0.27 **2020 Work RVU:** 0.29
2007 NF PE RVU: 0.84 **2020 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2018 Medicare Utilization:** 31,132

2007 Work RVU: 0.32 **2020 Work RVU:** 0.32
2007 NF PE RVU: 1 **2020 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax; without contrast material** **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 2,201,647

2007 Work RVU: 1.16 **2020 Work RVU:** 1.16
2007 NF PE RVU: 6.24 **2020 NF PE RVU:** 3.23
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 1.16
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax; with contrast material(s)** **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 1,785,974

2007 Work RVU: 1.24 **2020 Work RVU:** 1.24
2007 NF PE RVU: 7.5 **2020 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.38
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 72,403

2007 Work RVU: 1.38 **2020 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2020 NF PE RVU:** 5.08
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.24
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2018 Medicare Utilization:** 1,218,279

2007 Work RVU: 1.92 **2020 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2020 NF PE RVU:** 6.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

71271

Global: **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: May 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016 **2018 Medicare Utilization:** 155,560

2007 Work RVU: 0.15 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.46 **2020 NF PE RVU:** 0.50
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2018 Medicare Utilization:** 638,067

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2018 Medicare Utilization:** 379,489

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.31 **2020 Work RVU:** 0.27
2007 NF PE RVU: 1 **2020 NF PE RVU:** 1.13
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2018 Medicare Utilization:** 86,021

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2020 Work RVU:** 0.30
2007 NF PE RVU: 1.27 **2020 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2018 Medicare Utilization:** 301,640

2007 Work RVU: 0.22 **2020 Work RVU:** 0.20
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2018 Medicare Utilization:** 189,746

2007 Work RVU: 0.22 **2020 Work RVU:** 0.23
2007 NF PE RVU: 0.78 **2020 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.23 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2018 Medicare Utilization:** 13,717

2007 Work RVU: 0.22 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.96 **2020 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2018 Medicare Utilization:** 45,599

2007 Work RVU: 0.22 **2020 Work RVU:** 0.21
2007 NF PE RVU: 0.72 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2018 Medicare Utilization:** 1,830,564

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2020 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2018 Medicare Utilization:** 826,010

2007 Work RVU: 0.31 **2020 Work RVU:** 0.26
2007 NF PE RVU: 1.03 **2020 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2018 Medicare Utilization:** 96,668

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2020 Work RVU:** 0.30
2007 NF PE RVU: 1.36 **2020 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Decrease

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2018 Medicare Utilization:** 51,047

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2020 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

72125 **Computed tomography, cervical spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2018 Medicare Utilization:** 1,256,338

RUC Recommendation: 1.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.16 **2020 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2020 NF PE RVU:** 3.32
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 20,852

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2020 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 2,021

2007 Work RVU: 1.27 **2020 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2020 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2018 Medicare Utilization:** 186,680

2007 Work RVU: 1.16 **2020 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2020 NF PE RVU:** 3.32
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 24,025

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2020 NF PE RVU:** 4.25
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 1,485

2007 Work RVU: 1.27 **2020 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2020 NF PE RVU:** 5.15
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 498,507

2007 Work RVU: 1.16 **2020 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2020 NF PE RVU:** 3.30
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 60,682

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2020 NF PE RVU:** 4.22
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2018 Medicare Utilization:** 4,479

2007 Work RVU: 1.27 **2020 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2020 NF PE RVU:** 5.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2018 Medicare Utilization:** 590,269

2007 Work RVU: 1.60 **2020 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2020 NF PE RVU:** 4.54
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 3,814

2007 Work RVU: 1.92 **2020 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2020 NF PE RVU:** 6.99
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 218,415

2007 Work RVU: 1.60 **2020 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2020 NF PE RVU:** 4.54
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 3,464

2007 Work RVU: 1.92 **2020 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2020 NF PE RVU:** 6.93
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2018 Medicare Utilization:** 1,327,972

2007 Work RVU: 1.48 **2020 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2020 NF PE RVU:** 4.55
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2018 Medicare Utilization: 6,245

2007 Work RVU: 1.78 **2020 Work RVU:** 1.78

2007 NF PE RVU: 14.23 **2020 NF PE RVU:** 6.85

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.78

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2018 Medicare Utilization: 119,496

2007 Work RVU: 2.57 **2020 Work RVU:** 2.29

2007 NF PE RVU: 23.52 **2020 NF PE RVU:** 7.93

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2018 Medicare Utilization: 95,427

2007 Work RVU: 2.57 **2020 Work RVU:** 2.29

2007 NF PE RVU: 23.12 **2020 NF PE RVU:** 7.95

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2018 Medicare Utilization:** 247,480

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.36 **2020 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2020 NF PE RVU:** 7.91
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2018 Medicare Utilization:** 798,280

RUC Recommendation: 0.17

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017 **2018 Medicare Utilization:** 55,279

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.21 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.76 **2020 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2018 Medicare Utilization:** 2,388

2007 Work RVU: 1.81 **2020 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2020 NF PE RVU:** 7.16
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.81 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 177,040

2007 Work RVU: 1.09 **2020 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2020 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.09 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 35,908

2007 Work RVU: 1.16 **2020 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2020 NF PE RVU:** 5.59
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.16 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2018 Medicare Utilization:** 5,894

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2020 NF PE RVU:** 6.36
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 81,056

RUC Recommendation: 1.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.46 **2020 Work RVU:** 1.46
2007 NF PE RVU: 12.19 **2020 NF PE RVU:** 5.93
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 2,841

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2020 NF PE RVU:** 6.90
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 183,622

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.26 **2020 Work RVU:** 2.20
2007 NF PE RVU: 23.71 **2020 NF PE RVU:** 8.68
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Decrease

72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2018 Medicare Utilization:** 15,679

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2020 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2018 Medicare Utilization:** 36,172

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.19 **2020 Work RVU:** 0.23
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.82
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2018 Medicare Utilization:** 118,467

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 762

2007 Work RVU: 0.91 **2020 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2020 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2018 Medicare Utilization:** 169

2007 Work RVU: 0.91 **2020 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2020 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 3,761

2007 Work RVU: 0.83 **2020 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2020 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2018 Medicare Utilization:** 981

2007 Work RVU: 1.33 **2020 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2020 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2018 Medicare Utilization:** 70,827

2007 Work RVU: 0.76 **2020 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2020 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2018 Medicare Utilization:** 98,897

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2018 Medicare Utilization:** 53,281

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2020 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73020 **Radiologic examination, shoulder; 1 view** **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2018 Medicare Utilization:** 125,176

2007 Work RVU: 0.15 **2020 Work RVU:** 0.15
2007 NF PE RVU: 0.5 **2020 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73030 **Radiologic examination, shoulder; complete, minimum of 2 views** **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2018 Medicare Utilization:** 2,693,348

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction** **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2018 Medicare Utilization:** 8,854

2007 Work RVU: 0.20 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.73 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 347,138

2007 Work RVU: 0.17 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2018 Medicare Utilization:** 223,913

2007 Work RVU: 0.15 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2018 Medicare Utilization:** 394,499

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2018 Medicare Utilization:** 234,240

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 286,106

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2020 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 1,043,167

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 277,760

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2018 Medicare Utilization:** 1,225,147

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2020 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 376,172

2007 Work RVU: 0.13 **2020 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2018 Medicare Utilization:** 115,335

2007 Work RVU: 1.09 **2020 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2020 NF PE RVU:** 3.97
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2018 Medicare Utilization:** 19,566

2007 Work RVU: 1.16 **2020 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2020 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2018 Medicare Utilization:** 1,880

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2020 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2018 Medicare Utilization:** 6,031

2007 Work RVU: 1.81 **2020 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2020 NF PE RVU:** 7.31
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 32,060

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2020 NF PE RVU:** 8.50
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant published. **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2018 Medicare Utilization:** 466,119

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2020 NF PE RVU:** 5.02
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.52 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2018 Medicare Utilization:** 298,878

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.69
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 2,653,132

2007 Work RVU: **2020 Work RVU:** 0.22
2007 NF PE RVU: **2020 NF PE RVU:** 1.03
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 45,231

2007 Work RVU: **2020 Work RVU:** 0.27
2007 NF PE RVU: **2020 NF PE RVU:** 1.28
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.21 **2020 Work RVU:**
2007 NF PE RVU: 0.67 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 0.76 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 167,930

2007 Work RVU: **2020 Work RVU:** 0.22
2007 NF PE RVU: **2020 NF PE RVU:** 0.88
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 181,494

2007 Work RVU: **2020 Work RVU:** 0.29
2007 NF PE RVU: **2020 NF PE RVU:** 1.15
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 101,502

2007 Work RVU: **2020 Work RVU:** 0.31
2007 NF PE RVU: **2020 NF PE RVU:** 1.33
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.20 **2020 Work RVU:**
2007 NF PE RVU: 0.68 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.59 **2020 Work RVU:**
2007 NF PE RVU: 1.98 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.61 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 39,547

2007 Work RVU: **2020 Work RVU:** 0.16
2007 NF PE RVU: **2020 NF PE RVU:** 0.64
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.16 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 Medicare Utilization:** 543,295

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.77
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 1,837,863

2007 Work RVU: 0.17 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2020 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 2,451,595

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 1,550,735

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2020 NF PE RVU:** 0.99
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 231,376

2007 Work RVU: 0.17 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2020 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAOS

First Identified: February 2008 **2018 Medicare Utilization:** 49,095

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2020 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Review October 2020 via action plan. Show data for the total joint replacement codes in correlation with this service.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2018 Medicare Utilization:** 504,291

2007 Work RVU: 0.17 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA

First Identified: April 2013 **2018 Medicare Utilization:** 247,596

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2020 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2018 Medicare Utilization:** 1,276,732

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2018 Medicare Utilization:** 607,519

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2020 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2018 Medicare Utilization:** 2,752,437

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73650 **Radiologic examination; calcaneus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2018 Medicare Utilization:** 84,991

2007 Work RVU: 0.16 **2020 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2020 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2018 Medicare Utilization:** 119,723

2007 Work RVU: 0.13 **2020 Work RVU:** 0.13
2007 NF PE RVU: 0.5 **2020 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 312,115

2007 Work RVU: 1.09 **2020 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2020 NF PE RVU:** 3.30
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2018 Medicare Utilization:** 43,446

2007 Work RVU: 1.16 **2020 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2020 NF PE RVU:** 4.23
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2018 Medicare Utilization:** 4,905

2007 Work RVU: 1.22 **2020 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2020 NF PE RVU:** 5.27
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2018 Medicare Utilization:** 15,524

2007 Work RVU: 1.90 **2020 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2020 NF PE RVU:** 7.98
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 144,977

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2020 NF PE RVU:** 5.82
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 1,507

2007 Work RVU: 1.62 **2020 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2020 NF PE RVU:** 6.85
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2018 Medicare Utilization: 61,862

2007 Work RVU: 2.15 **2020 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2020 NF PE RVU:** 8.72
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2018 Medicare Utilization: 665,098

2007 Work RVU: 1.35 **2020 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2020 NF PE RVU:** 5.01
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2018 Medicare Utilization:

2007 Work RVU: 0.18 **2020 Work RVU:**
2007 NF PE RVU: 0.55 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.23 **2020 Work RVU:**
2007 NF PE RVU: 0.68 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 2,112,425

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.62
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 449,056

2007 Work RVU: **2020 Work RVU:** 0.23
2007 NF PE RVU: **2020 NF PE RVU:** 0.76
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.23

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.27 **2020 Work RVU:**
2007 NF PE RVU: 0.72 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2018 Medicare Utilization:** 67,657

RUC Recommendation: 0.27

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.27

2007 NF PE RVU: **2020 NF PE RVU:** 0.88

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Decrease

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 335,134

RUC Recommendation: 0.32

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.32 **2020 Work RVU:** 0.32

2007 NF PE RVU: 0.85 **2020 NF PE RVU:** 1.02

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:** 80,922

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.19 **2020 Work RVU:** 1.19

2007 NF PE RVU: 5.97 **2020 NF PE RVU:** 2.94

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:** 107,849

2007 Work RVU: 1.27 **2020 Work RVU:** 1.27

2007 NF PE RVU: 7.53 **2020 NF PE RVU:** 5.62

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.42

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:** 102,830

2007 Work RVU: 1.40 **2020 Work RVU:** 1.40

2007 NF PE RVU: 9.6 **2020 NF PE RVU:** 6.35

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.40

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2018 Medicare Utilization:** 260,483

2007 Work RVU: **2020 Work RVU:** 2.20

2007 NF PE RVU: **2020 NF PE RVU:** 9.06

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2018 Medicare Utilization:** 39,152

2007 Work RVU: 1.90 **2020 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2020 NF PE RVU:** 7.17
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2018 Medicare Utilization:** 2,283,718

2007 Work RVU: **2020 Work RVU:** 1.74
2007 NF PE RVU: **2020 NF PE RVU:** 3.79
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2018 Medicare Utilization:** 3,190,162

2007 Work RVU: **2020 Work RVU:** 1.82
2007 NF PE RVU: **2020 NF PE RVU:** 7.28
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2018 Medicare Utilization:** 532,480

RUC Recommendation: 2.01 **Referred to CPT** October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 2.01

2007 NF PE RVU: **2020 NF PE RVU:** 8.23

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Decrease

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 114,391

RUC Recommendation: 1.46 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.46 **2020 Work RVU:** 1.46

2007 NF PE RVU: 11.71 **2020 NF PE RVU:** 4.79

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Maintain

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 5,135

RUC Recommendation: 1.73 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73

2007 NF PE RVU: 14.63 **2020 NF PE RVU:** 8.06

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 Medicare Utilization:** 315,996

2007 Work RVU: 2.26 **2020 Work RVU:** 2.20
2007 NF PE RVU: 23.72 **2020 NF PE RVU:** 8.70
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2018 Medicare Utilization:** 1,631

2007 Work RVU: 0.36 **2020 Work RVU:** 0.59
2007 NF PE RVU: 1.4 **2020 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2016 **2018 Medicare Utilization:** 193,250

2007 Work RVU: 0.46 **2020 Work RVU:** 0.60
2007 NF PE RVU: 1.48 **2020 NF PE RVU:** 2.07
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74221 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.70
2007 NF PE RVU: **2020 NF PE RVU:** 2.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2018 Medicare Utilization:** 372,763

2007 Work RVU: 0.53 **2020 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2020 NF PE RVU:** 3.08
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 58,117

2007 Work RVU: 0.69 **2020 Work RVU:** 0.80
2007 NF PE RVU: 1.8 **2020 NF PE RVU:** 2.53
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 25,477

2007 Work RVU: 0.69 **2020 Work RVU:**
2007 NF PE RVU: 1.89 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 14,254

2007 Work RVU: 0.91 **2020 Work RVU:**
2007 NF PE RVU: 2.94 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74246 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 36,558

2007 Work RVU: 0.69 **2020 Work RVU:** 0.90
2007 NF PE RVU: 2.06 **2020 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.90

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2018 Medicare Utilization:** 22,472

2007 Work RVU: 0.69 **2020 Work RVU:**
2007 NF PE RVU: 2.18 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.70
2007 NF PE RVU: **2020 NF PE RVU:** 1.59
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70

Referred to CPT February 2019-EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 15,089

2007 Work RVU: 0.91 **2020 Work RVU:**
2007 NF PE RVU: 3.17 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 51,749

2007 Work RVU: 0.47 **2020 Work RVU:** 0.81
2007 NF PE RVU: 1.68 **2020 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.81

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74251 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 222

2007 Work RVU: 0.69 **2020 Work RVU:** 1.17
2007 NF PE RVU: 3.52 **2020 NF PE RVU:** 10.07
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.17

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 21

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 3.21 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 30,778

2007 Work RVU: 0.69 **2020 Work RVU:** 1.04
2007 NF PE RVU: 2.29 **2020 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.04 **Referred to CPT** May 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:** 9,751

2007 Work RVU: 0.99 **2020 Work RVU:** 1.26
2007 NF PE RVU: 3.07 **2020 NF PE RVU:** 4.91
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.26 **Referred to CPT** May 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** X-Ray Bile Ducts **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2018 **2018 Medicare Utilization:** 32,935

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR

First Identified: October 2018 **2018 Medicare Utilization:** 113

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74305 **Deleted from CPT**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.54 **2020 Work RVU:**
2007 NF PE RVU: 3 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 2.19 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Ray Bile Ducts **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, ACG, AGA, ASGE **First Identified:** October 2018 **2018 Medicare Utilization:** 62,603

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** X-Ray Bile Ducts **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, ACG, AGA, ASGE **First Identified:** October 2018 **2018 Medicare Utilization:** 3,008

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** X-Ray Bile Ducts **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, ACG, AGA, ASGE **First Identified:** October 2018 **2018 Medicare Utilization:** 15,253

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:** 6,939

2007 Work RVU: 0.49 **2020 Work RVU:** 0.49
2007 NF PE RVU: 2 **2020 NF PE RVU:** 3.08
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2018 Medicare Utilization:** 160,220

2007 Work RVU: 0.00 **2020 Work RVU:** 0.52
2007 NF PE RVU: NA **2020 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 4,105

2007 Work RVU: 0.00 **2020 Work RVU:** 0.51
2007 NF PE RVU: NA **2020 NF PE RVU:** 3.12
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.51, editorially revised

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.54 **2020 Work RVU:**
2007 NF PE RVU: 3.69 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.54 **2020 Work RVU:**
2007 NF PE RVU: 3.69 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2018 Medicare Utilization:** 3,443

2007 Work RVU: 0.54 **2020 Work RVU:** 0.83
2007 NF PE RVU: 3.03 **2020 NF PE RVU:** 2.32
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC

First Identified: May 2013 **2018 Medicare Utilization:** 69,032

2007 Work RVU: **2020 Work RVU:** 2.40
2007 NF PE RVU: **2020 NF PE RVU:** 7.61
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

First Identified: October 2017 **2018 Medicare Utilization:** 98,314

2007 Work RVU: 1.14 **2020 Work RVU:** 1.44
2007 NF PE RVU: 10.55 **2020 NF PE RVU:** 2.29
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2018 Medicare Utilization:** 29,301

2007 Work RVU: 1.79 **2020 Work RVU:** 2.00
2007 NF PE RVU: 11.24 **2020 NF PE RVU:** 2.61
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2018 Medicare Utilization:** 110,092

2007 Work RVU: 2.40 **2020 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2020 NF PE RVU:** 9.95
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.49 **2020 Work RVU:**
2007 NF PE RVU: 10.66 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.66 **2020 Work RVU:**
2007 NF PE RVU: 11.08 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.66 **2020 Work RVU:**
2007 NF PE RVU: 10.96 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2018 Medicare Utilization:** 154,486

2007 Work RVU: 1.14 **2020 Work RVU:** 1.75
2007 NF PE RVU: 10.72 **2020 NF PE RVU:** 2.65
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.75 and review utilization in October 2020 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2018 Medicare Utilization:** 76,442

2007 Work RVU: 1.31 **2020 Work RVU:** 1.97
2007 NF PE RVU: 10.96 **2020 NF PE RVU:** 2.76
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.14 **2020 Work RVU:**
2007 NF PE RVU: 10.7 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.49 **2020 Work RVU:**
2007 NF PE RVU: 11.15 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2018 Medicare Utilization:** 43,570

2007 Work RVU: 1.14 **2020 Work RVU:** 2.05
2007 NF PE RVU: 10.61 **2020 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2018 Medicare Utilization:** 78,667

2007 Work RVU: 0.36 **2020 Work RVU:** 1.01
2007 NF PE RVU: 10.15 **2020 NF PE RVU:** 1.93
2007 Fac PE RVU 10.15 **2020 Fac PE RVU:** NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.84 **2020 Work RVU:**
2007 NF PE RVU: 2.2 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75820 **Venography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2018 Medicare Utilization:** 25,611

2007 Work RVU: 0.70 **2020 Work RVU:** 0.70
2007 NF PE RVU: 1.62 **2020 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 10,514

2007 Work RVU: 1.06 **2020 Work RVU:** 1.06
2007 NF PE RVU: 2.12 **2020 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2018 Medicare Utilization:** 348

2007 Work RVU: 1.44 **2020 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2020 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2018 Medicare Utilization:** 561

2007 Work RVU: 1.44 **2020 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2020 NF PE RVU:** 2.70
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 8,428

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** RAW will assess Oct 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2018 Medicare Utilization:** 11,564

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT Assistant

Referred to CPT February 2014 February 2015

Result: Contractor Price

Referred to CPT Asst ☑ **Published in CPT Asst:** September 2019

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 4.24 **2020 Work RVU:**
2007 NF PE RVU: 9.99 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.54 **2020 Work RVU:**
2007 NF PE RVU: 12.8 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.36 **2020 Work RVU:**
2007 NF PE RVU: 6.96 **2020 NF PE RVU:**
2007 Fac PE RVU 6.96 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: January 2015

2018 Medicare Utilization:

2007 Work RVU: 1.31

2020 Work RVU:

2007 NF PE RVU: 13.18

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: January 2015

2018 Medicare Utilization:

2007 Work RVU: 0.36

2020 Work RVU:

2007 NF PE RVU: 6.99

2020 NF PE RVU:

2007 Fac PE RVU 6.99

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: April 2013

2018 Medicare Utilization:

2007 Work RVU: 0.54

2020 Work RVU:

2007 NF PE RVU: 12.72

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 19,647

2007 Work RVU: 0.72 **2020 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2020 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time** **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2018 Medicare Utilization:** 120,717

2007 Work RVU: 0.17 **2020 Work RVU:** 0.30
2007 NF PE RVU: 1.68 **2020 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)** **Global:** **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2018 Medicare Utilization:** 4,896

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen** **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 64,285

2007 Work RVU: 0.16 **2020 Work RVU:** 0.31
2007 NF PE RVU: 0.43 **2020 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2018 Medicare Utilization:** 5,573

2007 Work RVU: 0.58 **2020 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2020 NF PE RVU:** 2.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2018 Medicare Utilization:** 2

2007 Work RVU: 0.58 **2020 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2020 NF PE RVU:** 2.06
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2018 Medicare Utilization:** 2,300

2007 Work RVU: 0.58 **2020 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2020 NF PE RVU:** 4.33
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2018 Medicare Utilization:** 255,300

2007 Work RVU: 0.20 **2020 Work RVU:** 0.20
2007 NF PE RVU: 2.95 **2020 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76377 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2019 **2018 Medicare Utilization:** 175,924

2007 Work RVU: 0.79 **2020 Work RVU:** 0.79
2007 NF PE RVU: 3.09 **2020 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2018 Medicare Utilization:** 14,079

2007 Work RVU: 1.55 **2020 Work RVU:** 0.70
2007 NF PE RVU: 2.73 **2020 NF PE RVU:** 1.84
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only** **Global:** XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2018 Medicare Utilization:** 4,306

2007 Work RVU: 0.94 **2020 Work RVU:** 0.64
2007 NF PE RVU: 2.17 **2020 NF PE RVU:** 1.09
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)** **Global:** XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2018 Medicare Utilization:** 227,254

2007 Work RVU: 0.94 **2020 Work RVU:** 0.56
2007 NF PE RVU: 1.97 **2020 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy** **Global:** XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2018 Medicare Utilization:** 26,173

2007 Work RVU: 0.66 **2020 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2020 NF PE RVU:** 2.13
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2018 Medicare Utilization:** 481,425

2007 Work RVU: 0.17 **2020 Work RVU:** 0.14
2007 NF PE RVU: 0.15 **2020 NF PE RVU:** 0.18
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2018 Medicare Utilization:** 2,818

2007 Work RVU: 0.54 **2020 Work RVU:** 0.40
2007 NF PE RVU: 1.39 **2020 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2018 Medicare Utilization:** 217,683

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2020 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2018 Medicare Utilization:** 891,389

2007 Work RVU: 0.56 **2020 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2020 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 98,082

2007 Work RVU: 0.55 **2020 Work RVU:** 0.59
2007 NF PE RVU: 1.54 **2020 NF PE RVU:** 1.60
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2018 Medicare Utilization:** 598,135

2007 Work RVU: **2020 Work RVU:** 0.73
2007 NF PE RVU: **2020 NF PE RVU:** 2.25
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2018 Medicare Utilization:** 749,498

2007 Work RVU: **2020 Work RVU:** 0.68
2007 NF PE RVU: **2020 NF PE RVU:** 1.75
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.54 **2020 Work RVU:**
2007 NF PE RVU: 1.41 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 928,026

2007 Work RVU: 0.81 **2020 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2020 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2018 Medicare Utilization:** 1,090,277

2007 Work RVU: 0.59 **2020 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2020 NF PE RVU:** 1.94
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)** **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2018 Medicare Utilization:** 146,993

2007 Work RVU: **2020 Work RVU:** 0.55
2007 NF PE RVU: **2020 NF PE RVU:** 2.62
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:** 1,307,377

2007 Work RVU: 0.74 **2020 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2020 NF PE RVU:** 2.41
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:** 548,206

2007 Work RVU: 0.58 **2020 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2020 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.58 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2018 Medicare Utilization:** 12,879

2007 Work RVU: 0.77 **2020 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2020 NF PE RVU:** 1.64
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2018 Medicare Utilization:** 440,734

2007 Work RVU: 0.69 **2020 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2020 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 Medicare Utilization:** 436,540

2007 Work RVU: 0.69 **2020 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2020 NF PE RVU:** 2.36
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2018 Medicare Utilization:** 208,914

2007 Work RVU: 0.38 **2020 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2020 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2018 Medicare Utilization:** 142,915

2007 Work RVU: 0.64 **2020 Work RVU:** 0.64
2007 NF PE RVU: 1.97 **2020 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2018 Medicare Utilization:** 203,030

2007 Work RVU: 0.69 **2020 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2020 NF PE RVU:** 3.71
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.59 **2020 Work RVU:**
2007 NF PE RVU: 1.97 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2018 Medicare Utilization:** 206,214

2007 Work RVU: **2020 Work RVU:** 0.63
2007 NF PE RVU: **2020 NF PE RVU:** 1.53
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Revised PE. RAW review in Oct 2021 **Referred to CPT** June 2017 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 **Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2018 Medicare Utilization:** 270,492

2007 Work RVU: **2020 Work RVU:** 0.49
2007 NF PE RVU: **2020 NF PE RVU:** 1.09
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Revised PE. RAW review in Oct 2021 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2018 Medicare Utilization:** 2,501

2007 Work RVU: 0.67 **2020 Work RVU:**
2007 NF PE RVU: 1.85 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2018 Medicare Utilization:** 1,299

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2018 Medicare Utilization:** 1,003

2007 Work RVU: 1.99 **2020 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2020 NF PE RVU:** 5.40
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2018 Medicare Utilization:** 709,585

2007 Work RVU: 0.30 **2020 Work RVU:** 0.30
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.71
2007 Fac PE RVU 0.51 **2020 Fac PE RVU:**NA

RUC Recommendation: Review in 2 years (Oct 2021) **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2018 Medicare Utilization:** 1,299

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2018 Medicare Utilization:** 1,246,788

2007 Work RVU: 0.67 **2020 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2020 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT. 0.67 **Referred to CPT** After Imaging Guidance Workgroup is complete **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2018 Medicare Utilization:** 18

2007 Work RVU: 0.38 **2020 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2020 NF PE RVU:** 1.45
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.58 **2020 Work RVU:**

2007 NF PE RVU: 1.43 **2020 NF PE RVU:**

2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET

First Identified: July 2013 **2018 Medicare Utilization:** 6,427

2007 Work RVU: 1.34 **2020 Work RVU:** 1.34

2007 NF PE RVU: 4.8 **2020 NF PE RVU:** 1.24

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE

First Identified: February 2008 **2018 Medicare Utilization:** 26,793

2007 Work RVU: 0.40 **2020 Work RVU:** 0.40

2007 NF PE RVU: 1.41 **2020 NF PE RVU:** 2.07

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT for deletion.

Referred to CPT February 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** STS, AATS, ACS, ASBrS, AUA, AVLS, SCAI, SIR, SVS **First Identified:** January 2019 **2018 Medicare Utilization:** 29,987

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT

Referred to CPT February 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2018 Medicare Utilization:** 405,908

2007 Work RVU: 0.38 **2020 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2020 NF PE RVU:** 2.29
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.38

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2018 Medicare Utilization:** 476,308

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2020 NF PE RVU:** 2.47
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2018 Medicare Utilization:** 76,099

2007 Work RVU: 0.60 **2020 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2020 NF PE RVU:** 2.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2018 Medicare Utilization:** 4,660

2007 Work RVU: 1.21 **2020 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2020 NF PE RVU:** 5.26
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2018 Medicare Utilization:** 209,418

2007 Work RVU: 1.16 **2020 Work RVU:** 1.50
2007 NF PE RVU: 7.02 **2020 NF PE RVU:** 2.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Bundled 32405 and 77012. 1.50 **Referred to CPT** February 2019 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2018 Medicare Utilization:** 2,174,132

2007 Work RVU: 0.85 **2020 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2020 NF PE RVU:** 2.56
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT, but CMS has not addressed. RAW review action plan (Oct 2021). **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 1.59 **2020 Work RVU:**

2007 NF PE RVU: 6.19 **2020 NF PE RVU:**

2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.56 **2020 Work RVU:**

2007 NF PE RVU: 1.26 **2020 NF PE RVU:**

2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.45

2007 NF PE RVU: **2020 NF PE RVU:** 5.36

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.45

Referred to CPT June 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.60
2007 NF PE RVU: **2020 NF PE RVU:** 5.39
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.60 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.10
2007 NF PE RVU: **2020 NF PE RVU:** 8.72
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.10 **Referred to CPT** June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.30
2007 NF PE RVU: **2020 NF PE RVU:** 8.76
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.30 **Referred to CPT** June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.06 **2020 Work RVU:**
2007 NF PE RVU: 0.38 **2020 NF PE RVU:**
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.06 **2020 Work RVU:**
2007 NF PE RVU: 0.38 **2020 NF PE RVU:**
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 1.34 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77056 **Mammography; bilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.87 **2020 Work RVU:**
2007 NF PE RVU: 1.68 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 1.43 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 1,459

2007 Work RVU: 1.63 **2020 Work RVU:**
2007 NF PE RVU: 18.76 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2018 Medicare Utilization:** 81,488

2007 Work RVU: 1.63 **2020 Work RVU:**
2007 NF PE RVU: 23.46 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2018 Medicare Utilization:** 764,743

2007 Work RVU: **2020 Work RVU:** 0.81
2007 NF PE RVU: **2020 NF PE RVU:** 2.91
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.81

Referred to CPT October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2018 Medicare Utilization:** 602,112

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 3.70
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00

Referred to CPT October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2018 Medicare Utilization:** 5,976,519

2007 Work RVU: **2020 Work RVU:** 0.76
2007 NF PE RVU: **2020 NF PE RVU:** 3.04
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.76

Referred to CPT October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 54,027

2007 Work RVU: 0.27 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.81 **2020 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77074 **Radiologic examination, osseous survey; limited (eg, for metastases)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 5,967

2007 Work RVU: 0.45 **2020 Work RVU:** 0.44
2007 NF PE RVU: 1.2 **2020 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 46,091

2007 Work RVU: 0.54 **2020 Work RVU:** 0.55
2007 NF PE RVU: 1.76 **2020 NF PE RVU:** 2.09
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77076 **Radiologic examination, osseous survey, infant** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 Medicare Utilization:** 54

2007 Work RVU: 0.70 **2020 Work RVU:** 0.70
2007 NF PE RVU: 1.2 **2020 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2018 Medicare Utilization:** 36,969

2007 Work RVU: 0.31 **2020 Work RVU:** 0.33
2007 NF PE RVU: 1.07 **2020 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP

First Identified: October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.22 **2020 Work RVU:**
2007 NF PE RVU: 2.45 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011 **2018 Medicare Utilization:** 2,490,534

2007 Work RVU: 0.20 **2020 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2020 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.20

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2017 **2018 Medicare Utilization:** 45,517

2007 Work RVU: 0.22 **2020 Work RVU:** 0.20
2007 NF PE RVU: 0.8 **2020 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.71 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP

First Identified: October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.20 **2020 Work RVU:**
2007 NF PE RVU: 0.71 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2018 Medicare Utilization:** 106,849

2007 Work RVU: **2020 Work RVU:** 0.30
2007 NF PE RVU: **2020 NF PE RVU:** 1.18
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2018 Medicare Utilization:** 2,471

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.78
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2018 Medicare Utilization:** 8,195

2007 Work RVU: 1.39 **2020 Work RVU:** 1.30
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.65
2007 Fac PE RVU 0.51 **2020 Fac PE RVU:** 0.65

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2018 Medicare Utilization: 3,492

2007 Work RVU: 2.11 **2020 Work RVU:** 2.00

2007 NF PE RVU: 0.74 **2020 NF PE RVU:** 0.96

2007 Fac PE RVU 0.74 **2020 Fac PE RVU:**0.96

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2018 Medicare Utilization: 294,531

2007 Work RVU: 3.14 **2020 Work RVU:** 3.14

2007 NF PE RVU: 1.1 **2020 NF PE RVU:** 1.46

2007 Fac PE RVU 1.1 **2020 Fac PE RVU:**1.46

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2018 Medicare Utilization: 334,771

2007 Work RVU: 0.70 **2020 Work RVU:** 0.70

2007 NF PE RVU: 3.89 **2020 NF PE RVU:** 7.11

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2018 Medicare Utilization:** 4,740

2007 Work RVU: 1.05 **2020 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2020 NF PE RVU:** 12.03
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:** 219,980

2007 Work RVU: 1.56 **2020 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2020 NF PE RVU:** 12.44
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2018 Medicare Utilization:** 27,786

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 10.65
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2018 Medicare Utilization:** 145,796

2007 Work RVU: 4.56 **2020 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2020 NF PE RVU:** 9.30
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2018 Medicare Utilization:** 1,349,661

2007 Work RVU: 0.62 **2020 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2020 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.62

Referred to CPT February 2014, October 2014

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2018 Medicare Utilization:** 132,275

2007 Work RVU: 7.99 **2020 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2020 NF PE RVU:** 45.46
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 1.79 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2018 Medicare Utilization:** 2,448

2007 Work RVU: **2020 Work RVU:** 1.40
2007 NF PE RVU: **2020 NF PE RVU:** 2.76
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2018 Medicare Utilization:** 44,692

2007 Work RVU: **2020 Work RVU:** 2.90
2007 NF PE RVU: **2020 NF PE RVU:** 5.14
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.05 **2020 Work RVU:**
2007 NF PE RVU: 2.32 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.56 **2020 Work RVU:**
2007 NF PE RVU: 2.9 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2018 Medicare Utilization:** 4,304

2007 Work RVU: **2020 Work RVU:** 1.40
2007 NF PE RVU: **2020 NF PE RVU:** 4.67
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 3,071

2007 Work RVU: **2020 Work RVU:** 1.83
2007 NF PE RVU: **2020 NF PE RVU:** 6.13
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 6,210

2007 Work RVU: **2020 Work RVU:** 2.90
2007 NF PE RVU: **2020 NF PE RVU:** 8.48
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.93 **2020 Work RVU:**
2007 NF PE RVU: 2.75 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.39 **2020 Work RVU:**
2007 NF PE RVU: 3.97 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 2.09 **2020 Work RVU:**
2007 NF PE RVU: 5.54 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2018 Medicare Utilization:** 72,110

2007 Work RVU: 0.54 **2020 Work RVU:** 0.45
2007 NF PE RVU: 1.53 **2020 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2018 Medicare Utilization:** 11,883

2007 Work RVU: 0.84 **2020 Work RVU:** 0.75
2007 NF PE RVU: 1.75 **2020 NF PE RVU:** 2.62
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2018 Medicare Utilization:** 856,326

2007 Work RVU: 1.24 **2020 Work RVU:** 1.15
2007 NF PE RVU: 3.43 **2020 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:** 413,547

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2020 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 154,059

2007 Work RVU: **2020 Work RVU:** 4.29

2007 NF PE RVU: **2020 NF PE RVU:** 9.26

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO

First Identified: NA **2018 Medicare Utilization:** 149

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00

2007 NF PE RVU: 30.25 **2020 NF PE RVU:** 0.00

2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: **2018 Medicare Utilization:** 804

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00

2007 NF PE RVU: 22.93 **2020 NF PE RVU:** 29.48

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2018 Medicare Utilization:** 28,529

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2020 NF PE RVU:** 33.91
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00
Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00
Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 0.58 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Radiation Treatement Delivery (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 Medicare Utilization:** 175,073

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.45 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 and Feburary 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 2.27 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 2.38 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 2.38 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 2.87 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 3.02 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 3.01 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 3.46 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 3.68 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 3.68 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 16.8 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.39 **2020 Work RVU:**
2007 NF PE RVU: 3.11 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 4.58 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:**0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007 **2018 Medicare Utilization:** 1,058,202

2007 Work RVU: 3.70 **2020 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2020 NF PE RVU:** 1.82
2007 Fac PE RVU 1.15 **2020 Fac PE RVU:**1.82

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2016 **2018 Medicare Utilization:** 33,809

2007 Work RVU: 13.00 **2020 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2020 NF PE RVU:** 5.64
2007 Fac PE RVU NA **2020 Fac PE RVU:**5.64

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2018 Medicare Utilization:** 92,076

2007 Work RVU: 2.09 **2020 Work RVU:** 2.03
2007 NF PE RVU: 9.35 **2020 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77520 **Proton treatment delivery; simple, without compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018 **2018 Medicare Utilization:** 1,837

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: January 2018 **2018 Medicare Utilization:** 21,266

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2016 **2018 Medicare Utilization:** 47,079

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018 **2018 Medicare Utilization:** 14,665

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2012 **2018 Medicare Utilization:** 4,767

2007 Work RVU: 1.56 **2020 Work RVU:** 1.31
2007 NF PE RVU: 5.09 **2020 NF PE RVU:** 11.75
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2018 Medicare Utilization:** 4,163

2007 Work RVU: **2020 Work RVU:** 1.05
2007 NF PE RVU: **2020 NF PE RVU:** 5.63
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 1.05

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2018 Medicare Utilization:** 7,638

2007 Work RVU: **2020 Work RVU:** 1.40
2007 NF PE RVU: **2020 NF PE RVU:** 8.65
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2018 Medicare Utilization:** 16,373

2007 Work RVU: **2020 Work RVU:** 1.95
2007 NF PE RVU: **2020 NF PE RVU:** 7.43
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2018 Medicare Utilization:** 20,610

2007 Work RVU: **2020 Work RVU:** 3.80
2007 NF PE RVU: **2020 NF PE RVU:** 12.95
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2018 Medicare Utilization:** 4,291

2007 Work RVU: **2020 Work RVU:** 5.40
2007 NF PE RVU: **2020 NF PE RVU:** 19.84
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 4.67 **2020 Work RVU:**
2007 NF PE RVU: 4.23 **2020 NF PE RVU:**
2007 Fac PE RVU 4.23 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 7.49 **2020 Work RVU:**
2007 NF PE RVU: 6.92 **2020 NF PE RVU:**
2007 Fac PE RVU 6.92 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:** 4,963

2007 Work RVU: 11.23 **2020 Work RVU:** 8.78
2007 NF PE RVU: 9.38 **2020 NF PE RVU:** 15.33
2007 Fac PE RVU 9.38 **2020 Fac PE RVU:** NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.21 **2020 Work RVU:**
2007 NF PE RVU: 16.73 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 2.04 **2020 Work RVU:**
2007 NF PE RVU: 18.94 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 5.15 **2020 Work RVU:**
2007 NF PE RVU: 28.04 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2018 Medicare Utilization:** 204

2007 Work RVU: 1.05 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1 **2020 NF PE RVU:** 0.42
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.19 **2020 Work RVU:**
2007 NF PE RVU: 1.21 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 1.59 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.33 **2020 Work RVU:**
2007 NF PE RVU: 1.26 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.49 **2020 Work RVU:**
2007 NF PE RVU: 3.38 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 2.76 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.39 **2020 Work RVU:**
2007 NF PE RVU: 2.45 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.45 **2020 Work RVU:**
2007 NF PE RVU: 2.99 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:** 1,845

2007 Work RVU: **2020 Work RVU:** 0.19
2007 NF PE RVU: **2020 NF PE RVU:** 2.10
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:** 1,964

2007 Work RVU: **2020 Work RVU:** 0.37
2007 NF PE RVU: **2020 NF PE RVU:** 5.08
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2018 Medicare Utilization:** 20,818

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 6.29
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2018 Medicare Utilization:** 13,174

2007 Work RVU: 0.82 **2020 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2020 NF PE RVU:** 7.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2018 Medicare Utilization:** 8,330

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 8.82
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2018 Medicare Utilization:** 9,702

2007 Work RVU: **2020 Work RVU:** 1.60
2007 NF PE RVU: **2020 NF PE RVU:** 11.05
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.84 **2020 Work RVU:**
2007 NF PE RVU: 4.95 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2018 Medicare Utilization:** 68,280

2007 Work RVU: **2020 Work RVU:** 0.74
2007 NF PE RVU: **2020 NF PE RVU:** 8.56
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2018 Medicare Utilization:** 60,082

2007 Work RVU: **2020 Work RVU:** 0.90
2007 NF PE RVU: **2020 NF PE RVU:** 11.66
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2018 Medicare Utilization:** 1,223

2007 Work RVU: **2020 Work RVU:** 0.98
2007 NF PE RVU: **2020 NF PE RVU:** 10.17
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2018 Medicare Utilization:** 252

2007 Work RVU: **2020 Work RVU:** 1.08
2007 NF PE RVU: **2020 NF PE RVU:** 11.14
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2018 Medicare Utilization:** 29,217

2007 Work RVU: 0.99 **2020 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2020 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2018 Medicare Utilization:** 7,810

2007 Work RVU: 0.62 **2020 Work RVU:** 0.62
2007 NF PE RVU: 3 **2020 NF PE RVU:** 5.88
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2018 Medicare Utilization:** 1,585

2007 Work RVU: 0.83 **2020 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2020 NF PE RVU:** 7.04
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2018 Medicare Utilization:** 268,007

2007 Work RVU: 0.86 **2020 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2020 NF PE RVU:** 7.66
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.86

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78430 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.67 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78431 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.07 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78433 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.26 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78434 **Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2018 Medicare Utilization:** 37,389

2007 Work RVU: **2020 Work RVU:** 1.38
2007 NF PE RVU: **2020 NF PE RVU:** 8.15
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2018 Medicare Utilization:** 1,822,730

2007 Work RVU: **2020 Work RVU:** 1.62
2007 NF PE RVU: **2020 NF PE RVU:** 11.67
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2018 Medicare Utilization:** 1,539

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 7.56
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2018 Medicare Utilization:** 11,061

2007 Work RVU: **2020 Work RVU:** 1.34
2007 NF PE RVU: **2020 NF PE RVU:** 10.96
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:** 2,708

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.86 **2020 Work RVU:**
2007 NF PE RVU: 3.1 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 1.23 **2020 Work RVU:**
2007 NF PE RVU: 4.81 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

78464 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 1.09 **2020 Work RVU:**
2007 NF PE RVU: 7.03 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

78465 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.46 **2020 Work RVU:**
2007 NF PE RVU: 12.08 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2018 Medicare Utilization:** 20,522

2007 Work RVU: 0.98 **2020 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2020 NF PE RVU:** 5.45
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 1.54 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.30 **2020 Work RVU:**
2007 NF PE RVU: 1.51 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2018 Medicare Utilization:** 1,395

RUC Recommendation: 1.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA
Result: Increase

78492 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2018 Medicare Utilization:** 155,398

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA
Result: Increase

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2018 Medicare Utilization:** 496

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.49
2007 NF PE RVU: **2020 NF PE RVU:** 4.82
2007 Fac PE RVU **2020 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:** 11,281

2007 Work RVU: 0.74 **2020 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2020 NF PE RVU:** 5.97
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2018 Medicare Utilization:** 180,500

2007 Work RVU: **2020 Work RVU:** 1.07
2007 NF PE RVU: **2020 NF PE RVU:** 8.37
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.99 **2020 Work RVU:**
2007 NF PE RVU: 3.34 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 1.09 **2020 Work RVU:**
2007 NF PE RVU: 6.53 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.40 **2020 Work RVU:**
2007 NF PE RVU: 3.02 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.49 **2020 Work RVU:**
2007 NF PE RVU: 3.51 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.09 **2020 Work RVU:**
2007 NF PE RVU: 4.7 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.40 **2020 Work RVU:**
2007 NF PE RVU: 3.21 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78593 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.49 **2020 Work RVU:**
2007 NF PE RVU: 3.84 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.53 **2020 Work RVU:**
2007 NF PE RVU: 5.12 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 1.27 **2020 Work RVU:**
2007 NF PE RVU: 7.7 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2018 Medicare Utilization:** 1,500

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 4.94
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2018 Medicare Utilization:** 3,608

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 7.77
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging**

Global: XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2018 Medicare Utilization:** 9,299

2007 Work RVU: 1.09 **2020 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2020 NF PE RVU:** 9.93
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2018 Medicare Utilization:** 593,140

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration** **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2018 Medicare Utilization:** 10,098

2007 Work RVU: 1.96 **2020 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2020 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records** **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** CAP **First Identified:** January 2019 **2018 Medicare Utilization:** 20,686

2007 Work RVU: 0.37 **2020 Work RVU:** 0.37
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.25
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**0.17

RUC Recommendation: Refer to CPT **Referred to CPT** October 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

85060 **Blood smear, peripheral, interpretation by physician with written report** **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 30 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2018 Medicare Utilization:** 183,957

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.17 **2020 Fac PE RVU:**0.22

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

85097 **Bone marrow, smear interpretation** **Global:** XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 31 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2018 Medicare Utilization:** 139,403

2007 Work RVU: 0.94 **2020 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2020 NF PE RVU:** 0.99
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**0.43

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 26 **Specialty Developing Recommendation:**

First Identified: April 2017

2018 Medicare Utilization: 36,207

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: October 2009

2018 Medicare Utilization: 76,965

2007 Work RVU: 0.56 **2020 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2020 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: February 2010

2018 Medicare Utilization: 5,654

2007 Work RVU: 0.56 **2020 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2020 NF PE RVU:** 1.44
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.76 **2020 Work RVU:**
2007 NF PE RVU: 1.66 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2018 Medicare Utilization:** 241,624

2007 Work RVU: 0.56 **2020 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2020 NF PE RVU:** 1.29
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2018 Medicare Utilization:** 898,251

2007 Work RVU: 1.18 **2020 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2020 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2018 Medicare Utilization:** 52,774

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 15.09
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2018 Medicare Utilization:** 31,508

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 11.45
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2018 Medicare Utilization:** 62,234

2007 Work RVU: 0.42 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:** 0.46

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2018 Medicare Utilization: 7,399

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2020 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2018 Medicare Utilization: 3,712

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2020 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2018 Medicare Utilization: 1,588

2007 Work RVU: 0.76 **2020 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2020 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2018 Medicare Utilization:** 100,443

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2020 NF PE RVU:** 1.87
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2018 Medicare Utilization:** 1,884,842

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2020 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2018 Medicare Utilization:** 39,959

2007 Work RVU: 1.36 **2020 Work RVU:** 0.74
2007 NF PE RVU: 0.44 **2020 NF PE RVU:** 0.30
2007 Fac PE RVU 0.44 **2020 Fac PE RVU:** 0.30
Result: Decrease

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2018 Medicare Utilization: 35,018

2007 Work RVU: 1.69 **2020 Work RVU:** 1.20
2007 NF PE RVU: 0.54 **2020 NF PE RVU:** 0.57
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:**0.57

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2018 Medicare Utilization: 216,474

2007 Work RVU: 2.23 **2020 Work RVU:** 1.70
2007 NF PE RVU: 0.68 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU 0.68 **2020 Fac PE RVU:**0.67

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009

2018 Medicare Utilization: 210,546

2007 Work RVU: 0.08 **2020 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2020 NF PE RVU:** 0.34
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2018 Medicare Utilization:** 77,628

2007 Work RVU: 0.13 **2020 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2020 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2018 Medicare Utilization:** 969,844

2007 Work RVU: 0.22 **2020 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2020 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2018 Medicare Utilization:** 17,045,213

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2020 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2018 Medicare Utilization:** 979,396

2007 Work RVU: 1.59 **2020 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2020 NF PE RVU:** 6.15
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2018 Medicare Utilization:** 152,185

2007 Work RVU: 2.80 **2020 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2020 NF PE RVU:** 8.97
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2018 Medicare Utilization:** 1,386,964

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2020 NF PE RVU:** 2.41
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2018 Medicare Utilization:** 1,360,200

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.24 **2020 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2020 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2018 Medicare Utilization:** 17,985

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2020 NF PE RVU:** 2.26
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.42 **2020 Work RVU:**
2007 NF PE RVU: 1.98 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2018 Medicare Utilization:** 19,312

2007 Work RVU: 0.53 **2020 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2020 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2018 Medicare Utilization:** 183,475

2007 Work RVU: 1.63 **2020 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2020 NF PE RVU:** 1.12
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:**0.72

RUC Recommendation: 1.63 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2018 Medicare Utilization:** 34,798

2007 Work RVU: 1.83 **2020 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2020 NF PE RVU:** 1.40
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.83 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC

First Identified: July 2015

2018 Medicare Utilization: 8,460

2007 Work RVU: 2.50 **2020 Work RVU:** 2.85
2007 NF PE RVU: 2.76 **2020 NF PE RVU:** 1.99
2007 Fac PE RVU 0.87 **2020 Fac PE RVU:**1.21

RUC Recommendation: 2.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010

2018 Medicare Utilization: 29,252

2007 Work RVU: 0.67 **2020 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2020 NF PE RVU:** 0.79
2007 Fac PE RVU 0.27 **2020 Fac PE RVU:**0.33

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2018 Medicare Utilization: 470,286

2007 Work RVU: 1.19 **2020 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2020 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.19

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2018 Medicare Utilization: 164,420

2007 Work RVU: 0.59 **2020 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2020 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2018 Medicare Utilization:** 70,084

2007 Work RVU: 1.20 **2020 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2020 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2018 Medicare Utilization:** 34,731

2007 Work RVU: 0.73 **2020 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2018 Medicare Utilization:** 2,895,639

2007 Work RVU: **2020 Work RVU:** 0.56
2007 NF PE RVU: **2020 NF PE RVU:** 2.04
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2018 Medicare Utilization:** 1,957,856

2007 Work RVU: 0.85 **2020 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2020 NF PE RVU:** 2.25
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2018 Medicare Utilization:** 111,270

2007 Work RVU: **2020 Work RVU:** 0.77
2007 NF PE RVU: **2020 NF PE RVU:** 4.07
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2018 Medicare Utilization:** 60,203

2007 Work RVU: 0.86 **2020 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2020 NF PE RVU:** 2.80
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.86 **2020 Work RVU:**
2007 NF PE RVU: 1.28 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2018 Medicare Utilization:** 16,732

2007 Work RVU: 1.51 **2020 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2020 NF PE RVU:** 9.33
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2018 Medicare Utilization:**

2007 Work RVU: 0.76 **2020 Work RVU:**
2007 NF PE RVU: 4.88 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2018 Medicare Utilization:** 241,005

2007 Work RVU: **2020 Work RVU:** 0.59
2007 NF PE RVU: **2020 NF PE RVU:** 2.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2018 Medicare Utilization:** 14,860

2007 Work RVU: 3.02 **2020 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2020 NF PE RVU:** 3.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2018 Medicare Utilization:** 486,908

2007 Work RVU: 1.10 **2020 Work RVU:** 0.85
2007 NF PE RVU: 1.87 **2020 NF PE RVU:** 2.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2018 Medicare Utilization:** 199,852

2007 Work RVU: 1.18 **2020 Work RVU:** 0.95
2007 NF PE RVU: 2.94 **2020 NF PE RVU:** 2.61
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2018 Medicare Utilization:** 24,981

2007 Work RVU: **2020 Work RVU:** 0.70
2007 NF PE RVU: **2020 NF PE RVU:** 3.17
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2018 Medicare Utilization:** 44,655

2007 Work RVU: 1.20 **2020 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2020 NF PE RVU:** 4.18
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2018 Medicare Utilization:** 1,642

2007 Work RVU: **2020 Work RVU:** 1.24
2007 NF PE RVU: **2020 NF PE RVU:** 6.52
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2018 Medicare Utilization:** 5,879

2007 Work RVU: 1.30 **2020 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2020 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2018 Medicare Utilization:** 22,536

2007 Work RVU: 1.40 **2020 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2020 NF PE RVU:** 2.80
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2018 Medicare Utilization:** 6,591

2007 Work RVU: **2020 Work RVU:** 0.58
2007 NF PE RVU: **2020 NF PE RVU:** 1.49
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2018 Medicare Utilization:** 105,302

2007 Work RVU: **2020 Work RVU:** 0.93
2007 NF PE RVU: **2020 NF PE RVU:** 8.70
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2018 Medicare Utilization:** 155,973

2007 Work RVU: **2020 Work RVU:** 1.40
2007 NF PE RVU: **2020 NF PE RVU:** 9.97
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.35 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.17 **2020 NF PE RVU:**
2007 Fac PE RVU 0.09 **2020 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2018 Medicare Utilization:** 315,861

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2020 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2018 Medicare Utilization:** 24,359

2007 Work RVU: 0.15 **2020 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2020 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2018 Medicare Utilization:** 1

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2020 NF PE RVU:** 0.22
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2018 Medicare Utilization:** 1

2007 Work RVU: 0.15 **2020 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2020 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **2020 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 437,958

2007 Work RVU: **2020 Work RVU:** 0.33
2007 NF PE RVU: **2020 NF PE RVU:** 0.09
2007 Fac PE RVU **2020 Fac PE RVU:** 0.05
Result: Increase

RUC Recommendation: Refer to CPT. 0.33

Referred to CPT May 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 923,693

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.92
2007 Fac PE RVU **2020 Fac PE RVU:** 0.43
Result: Increase

RUC Recommendation: 3.00

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2018 Medicare Utilization:** 576,215

2007 Work RVU: **2020 Work RVU:** 3.25

2007 NF PE RVU: **2020 NF PE RVU:** 1.10

2007 Fac PE RVU **2020 Fac PE RVU:** 0.60

RUC Recommendation: 3.25

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90801 **Psychiatric diagnostic interview examination**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.80 **2020 Work RVU:**

2007 NF PE RVU: 1.25 **2020 NF PE RVU:**

2007 Fac PE RVU 0.85 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.37 **2020 Work RVU:**

2007 NF PE RVU: 0.53 **2020 NF PE RVU:**

2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.86 **2020 Work RVU:**
2007 NF PE RVU: 0.66 **2020 NF PE RVU:**
2007 Fac PE RVU 0.53 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 2.79 **2020 Work RVU:**
2007 NF PE RVU: 0.94 **2020 NF PE RVU:**
2007 Fac PE RVU 0.8 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.89 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0.63 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 2,347,294

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.41
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 1,365,236

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.46
2007 Fac PE RVU **2020 Fac PE RVU:** 0.28
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 5,030,029

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.54
2007 Fac PE RVU **2020 Fac PE RVU:** 0.28
Result: Increase

RUC Recommendation: 2.00 **Referred to CPT** February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 529,198

2007 Work RVU: **2020 Work RVU:** 1.90
2007 NF PE RVU: **2020 NF PE RVU:** 0.58
2007 Fac PE RVU **2020 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 5,882,515

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.81
2007 Fac PE RVU **2020 Fac PE RVU:** 0.42

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 103,818

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.77
2007 Fac PE RVU **2020 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2018 Medicare Utilization:** 22,547

2007 Work RVU: **2020 Work RVU:** 3.13
2007 NF PE RVU: **2020 NF PE RVU:** 0.85
2007 Fac PE RVU **2020 Fac PE RVU:** 0.45

RUC Recommendation: 3.13

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2018 Medicare Utilization:** 6,682

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.40
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21

RUC Recommendation: 1.50

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2013 **2018 Medicare Utilization:** 6,166

2007 Work RVU: 1.79 **2020 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2020 NF PE RVU:** 0.59
2007 Fac PE RVU 0.49 **2020 Fac PE RVU:** 0.34

RUC Recommendation: 2.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2018 Medicare Utilization:** 22,803

2007 Work RVU: 1.83 **2020 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2020 NF PE RVU:** 0.38
2007 Fac PE RVU 0.6 **2020 Fac PE RVU:** 0.36

RUC Recommendation: 2.40

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 179,308

2007 Work RVU: 2.21 **2020 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2020 NF PE RVU:** 0.38
2007 Fac PE RVU 0.69 **2020 Fac PE RVU:**0.37

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 Medicare Utilization:** 973,060

2007 Work RVU: 0.59 **2020 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2020 NF PE RVU:** 0.17
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:**0.09

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.95 **2020 Work RVU:**
2007 NF PE RVU: 0.46 **2020 NF PE RVU:**
2007 Fac PE RVU 0.31 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC)

First Identified: April 2013 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.48
2007 NF PE RVU: **2020 NF PE RVU:** 0.23
2007 Fac PE RVU **2020 Fac PE RVU:** 0.18

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** **Screen:** Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: January 2018 **2018 Medicare Utilization:** 153,647

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: Review in 2 years (Oct 2020) **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA

First Identified: October 2009 **2018 Medicare Utilization:** 128,356

2007 Work RVU: 1.88 **2020 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2020 NF PE RVU:** 2.40
2007 Fac PE RVU 0.54 **2020 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2017 **2018 Medicare Utilization:** 26,780

2007 Work RVU: 0.89 **2020 Work RVU:**
2007 NF PE RVU: 1.51 **2020 NF PE RVU:**
2007 Fac PE RVU 0.31 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90912 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient**

Global: 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.90
2007 NF PE RVU: **2020 NF PE RVU:** 1.32
2007 Fac PE RVU **2020 Fac PE RVU:**0.31

RUC Recommendation: 0.90 **Referred to CPT** February 2019-EC **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90913 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.39
2007 Fac PE RVU **2020 Fac PE RVU:**0.17

RUC Recommendation: 0.50 **Referred to CPT** February 2019-EC **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008

2018 Medicare Utilization: 1,085,861

2007 Work RVU: 1.22 **2020 Work RVU:** 1.48

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.64 **2020 Fac PE RVU:**0.51

RUC Recommendation: 1.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2018 Medicare Utilization: 52,030

2007 Work RVU: 2.11 **2020 Work RVU:** 2.11

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.93 **2020 Fac PE RVU:**0.74

RUC Recommendation: 2.11

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2018 Medicare Utilization: 154,536

2007 Work RVU: 1.28 **2020 Work RVU:** 1.56

2007 NF PE RVU: NA **2020 NF PE RVU:** NA

2007 Fac PE RVU 0.66 **2020 Fac PE RVU:**0.79

RUC Recommendation: 1.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 12,811

2007 Work RVU: 2.16 **2020 Work RVU:** 2.52
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2020 Fac PE RVU:** 0.87

RUC Recommendation: 2.52 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 27

2007 Work RVU: **2020 Work RVU:** 18.46
2007 NF PE RVU: **2020 NF PE RVU:** 6.96
2007 Fac PE RVU **2020 Fac PE RVU:** 6.96

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 5

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 4

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 478

2007 Work RVU: **2020 Work RVU:** 15.98
2007 NF PE RVU: **2020 NF PE RVU:** 6.10
2007 Fac PE RVU **2020 Fac PE RVU:** 6.10

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 76

2007 Work RVU: **2020 Work RVU:** 8.79
2007 NF PE RVU: **2020 NF PE RVU:** 3.69
2007 Fac PE RVU **2020 Fac PE RVU:** 3.69

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 144

2007 Work RVU: **2020 Work RVU:** 5.95
2007 NF PE RVU: **2020 NF PE RVU:** 2.73
2007 Fac PE RVU **2020 Fac PE RVU:** 2.73

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 1,803

2007 Work RVU: **2020 Work RVU:** 12.52
2007 NF PE RVU: **2020 NF PE RVU:** 5.00
2007 Fac PE RVU **2020 Fac PE RVU:** 5.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 448

2007 Work RVU: **2020 Work RVU:** 8.34
2007 NF PE RVU: **2020 NF PE RVU:** 3.58
2007 Fac PE RVU **2020 Fac PE RVU:** 3.58

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 287

2007 Work RVU: **2020 Work RVU:** 5.50
2007 NF PE RVU: **2020 NF PE RVU:** 2.57
2007 Fac PE RVU **2020 Fac PE RVU:** 2.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 2,240,030

2007 Work RVU: **2020 Work RVU:** 5.18
2007 NF PE RVU: **2020 NF PE RVU:** 2.58
2007 Fac PE RVU **2020 Fac PE RVU:** 2.58

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 731,381

2007 Work RVU: **2020 Work RVU:** 4.26
2007 NF PE RVU: **2020 NF PE RVU:** 2.26
2007 Fac PE RVU **2020 Fac PE RVU:** 2.26

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 218,234

2007 Work RVU: **2020 Work RVU:** 3.15
2007 NF PE RVU: **2020 NF PE RVU:** 1.89
2007 Fac PE RVU **2020 Fac PE RVU:** 1.89

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 274

2007 Work RVU: **2020 Work RVU:** 10.56
2007 NF PE RVU: **2020 NF PE RVU:** 4.26
2007 Fac PE RVU **2020 Fac PE RVU:** 4.26

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 991

2007 Work RVU: **2020 Work RVU:** 9.14
2007 NF PE RVU: **2020 NF PE RVU:** 3.82
2007 Fac PE RVU **2020 Fac PE RVU:** 3.82

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 1,252

2007 Work RVU: **2020 Work RVU:** 8.69
2007 NF PE RVU: **2020 NF PE RVU:** 3.70
2007 Fac PE RVU **2020 Fac PE RVU:** 3.70

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 Medicare Utilization:** 354,438

2007 Work RVU: **2020 Work RVU:** 4.26
2007 NF PE RVU: **2020 NF PE RVU:** 2.25
2007 Fac PE RVU **2020 Fac PE RVU:** 2.25

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2018 Medicare Utilization:** 4,844

2007 Work RVU: 1.10 **2020 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2020 NF PE RVU:** 11.29
2007 Fac PE RVU 2.36 **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2018 Medicare Utilization:** 53,348

2007 Work RVU: 3.64 **2020 Work RVU:** 2.49
2007 NF PE RVU: 21.77 **2020 NF PE RVU:** 21.78
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2018 Medicare Utilization:** 113

2007 Work RVU: 1.00 **2020 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2020 NF PE RVU:** 23.42
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2018 Medicare Utilization:** 142

2007 Work RVU: 0.00 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0 **2020 NF PE RVU:** 8.61
2007 Fac PE RVU 0 **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2018 Medicare Utilization:** 11

2007 Work RVU: 0.00 **2020 Work RVU:** 0.66
2007 NF PE RVU: 0 **2020 NF PE RVU:** 9.13
2007 Fac PE RVU 0 **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92065 **Orthoptic and/or pleoptic training, with continuing medical direction and evaluation**

Global: XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2019 **2018 Medicare Utilization:** 32,620

2007 Work RVU: 0.37 **2020 Work RVU:** 0.37
2007 NF PE RVU: 0.62 **2020 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2018 Medicare Utilization:** 92,897

2007 Work RVU: 0.36 **2020 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2020 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2018 Medicare Utilization:** 127,526

2007 Work RVU: 0.44 **2020 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2020 NF PE RVU:** 0.92
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2018 Medicare Utilization:** 2,937,651

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2020 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2018 Medicare Utilization:** 33,373

2007 Work RVU: 0.92 **2020 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2020 NF PE RVU:** 1.70
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.31

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2018 Medicare Utilization:** 2,661,277

2007 Work RVU: **2020 Work RVU:** 0.40
2007 NF PE RVU: **2020 NF PE RVU:** 0.63
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2008 **2018 Medicare Utilization:** 6,983,198

2007 Work RVU: **2020 Work RVU:** 0.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.68
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.35 **2020 Work RVU:**
2007 NF PE RVU: 0.79 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2018 Medicare Utilization:** 1,659,991

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2020 NF PE RVU:** 1.20
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.54

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provocative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 0.97 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92201 **Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.40
2007 NF PE RVU: **2020 NF PE RVU:** 0.29
2007 Fac PE RVU **2020 Fac PE RVU:** 0.23

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.26
2007 NF PE RVU: **2020 NF PE RVU:** 0.18
2007 Fac PE RVU **2020 Fac PE RVU:** 0.15

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2018 Medicare Utilization:** 1,003,983

2007 Work RVU: 0.38 **2020 Work RVU:**
2007 NF PE RVU: 0.23 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2018 Medicare Utilization:** 2,601,687

2007 Work RVU: 0.33 **2020 Work RVU:**
2007 NF PE RVU: 0.22 **2020 NF PE RVU:**
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2018 Medicare Utilization:** 451,576

2007 Work RVU: 0.81 **2020 Work RVU:** 0.75
2007 NF PE RVU: 2.54 **2020 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.75 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2018 Medicare Utilization:** 9,836

2007 Work RVU: 1.10 **2020 Work RVU:** 0.80
2007 NF PE RVU: 5.7 **2020 NF PE RVU:** 4.83
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2018 Medicare Utilization:** 43,992

2007 Work RVU: **2020 Work RVU:** 0.95
2007 NF PE RVU: **2020 NF PE RVU:** 5.74
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2018 Medicare Utilization:** 3,333,223

2007 Work RVU: 0.44 **2020 Work RVU:** 0.40
2007 NF PE RVU: 1.48 **2020 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2018 Medicare Utilization:** 3,155

2007 Work RVU: 0.81 **2020 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2020 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.69
2007 NF PE RVU: **2020 NF PE RVU:** 2.96
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.80

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.61
2007 NF PE RVU: **2020 NF PE RVU:** 1.86
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.72

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2018 Medicare Utilization:** 125,429

2007 Work RVU: 1.01 **2020 Work RVU:**
2007 NF PE RVU: 2.08 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2018 Medicare Utilization:** 387,142

2007 Work RVU: 0.20 **2020 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2020 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2018 Medicare Utilization:** 117,223

2007 Work RVU: 0.66 **2020 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.40

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: **2018 Medicare Utilization:** 6,048

2007 Work RVU: 0.81 **2020 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2020 NF PE RVU:** 3.62
2007 Fac PE RVU 0.31 **2020 Fac PE RVU:** NA

RUC Recommendation: Review action plan. CPT Assistant article published

Referred to CPT October 2011
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2018 Medicare Utilization:** 231,793

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.63
2007 Fac PE RVU 0.08 **2020 Fac PE RVU:**0.08

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.86 **2020 Work RVU:**
2007 NF PE RVU: 2.76 **2020 NF PE RVU:**
2007 Fac PE RVU 0.36 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2015 **2018 Medicare Utilization:** 289,815

2007 Work RVU: 0.52 **2020 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2020 NF PE RVU:** 0.90
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2018 Medicare Utilization: 4,611

2007 Work RVU: 0.26 **2020 Work RVU:** 0.33

2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.34

2007 Fac PE RVU 0.11 **2020 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2018 Medicare Utilization: 133

2007 Work RVU: **2020 Work RVU:** 1.75

2007 NF PE RVU: **2020 NF PE RVU:** 1.38

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2018 Medicare Utilization: 2,957

2007 Work RVU: **2020 Work RVU:** 1.50

2007 NF PE RVU: **2020 NF PE RVU:** 1.04

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2018 Medicare Utilization: 14,680

RUC Recommendation: 3.36

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 3.00

2007 NF PE RVU: **2020 NF PE RVU:** 2.39

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Increase

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2018 Medicare Utilization: 15,189

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 1.50

2007 NF PE RVU: **2020 NF PE RVU:** 0.98

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Increase

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2018 Medicare Utilization: 113,091

RUC Recommendation: Review utilization

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.55 **2020 Work RVU:** 1.34

2007 NF PE RVU: 1.65 **2020 NF PE RVU:** 1.09

2007 Fac PE RVU 0.19 **2020 Fac PE RVU:** NA

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2018 Medicare Utilization:** 71,178

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** 0.56
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2018 Medicare Utilization:** 7,020

2007 Work RVU: **2020 Work RVU:** 0.30
2007 NF PE RVU: **2020 NF PE RVU:** 0.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2018 Medicare Utilization:** 91,345

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 1.48
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2018 Medicare Utilization:** 13,200

2007 Work RVU: 0.40 **2020 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2020 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2018 Medicare Utilization:** 20,699

2007 Work RVU: 0.33 **2020 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2020 NF PE RVU:** 0.34
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.10 **2020 Work RVU:**
2007 NF PE RVU: 0.59 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2018 Medicare Utilization:** 2,382

RUC Recommendation: 0.27

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.26 **2020 Work RVU:** 0.27

2007 NF PE RVU: 0.93 **2020 NF PE RVU:** 0.21

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Increase

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2018 Medicare Utilization:** 3,695

RUC Recommendation: 0.25

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.23 **2020 Work RVU:** 0.25

2007 NF PE RVU: 0.85 **2020 NF PE RVU:** 0.20

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Increase

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG

Screen: CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2018 Medicare Utilization:** 43,747

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.29 **2020 Work RVU:** 0.29

2007 NF PE RVU: 1.94 **2020 NF PE RVU:** 2.83

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2018 Medicare Utilization:** 30,762

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2020 NF PE RVU:** 0.24
2007 Fac PE RVU 0.09 **2020 Fac PE RVU:**NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2018 Medicare Utilization:** 45,918

2007 Work RVU: 0.50 **2020 Work RVU:** 0.67
2007 NF PE RVU: 2.1 **2020 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92549 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.87
2007 NF PE RVU: **2020 NF PE RVU:** 0.90
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: 0.96

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2018 Medicare Utilization:** 237,740

2007 Work RVU: **2020 Work RVU:** 0.35
2007 NF PE RVU: **2020 NF PE RVU:** 0.26
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2018 Medicare Utilization:** 1,216,588

2007 Work RVU: 0.00 **2020 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2020 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.30

RUC Recommendation: 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.10
2007 Fac PE RVU **2020 Fac PE RVU:** 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2018 Medicare Utilization:** 868,073

2007 Work RVU: 0.00 **2020 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2018 Medicare Utilization:** 5,865

2007 Work RVU: 0.00 **2020 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2020 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT**

Global: **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0.35 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2018 Medicare Utilization:** 41,657

2007 Work RVU: **2020 Work RVU:** 0.55
2007 NF PE RVU: **2020 NF PE RVU:** 0.36
2007 Fac PE RVU **2020 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **Electrocochleography**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:** 11,262

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 2.14 **2020 NF PE RVU:** 2.06
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2018 Medicare Utilization:** 35,727

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 2.02 **2020 NF PE RVU:** 3.28
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:** 1,533

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.74 **2020 NF PE RVU:** 2.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: October 2008 **2018 Medicare Utilization:** 63,288

2007 Work RVU: 0.13 **2020 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2020 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.45

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: **2018 Medicare Utilization:** 83,924

2007 Work RVU: 0.36 **2020 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2020 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA

First Identified: NA **2018 Medicare Utilization:** 2,828

2007 Work RVU: 0.86 **2020 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2020 NF PE RVU:** 0.76
2007 Fac PE RVU 0.4 **2020 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 1.75
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.82
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 1.40
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.88
2007 Fac PE RVU 0 **2020 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:** 425

2007 Work RVU: 0.00 **2020 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2020 NF PE RVU:** 1.73
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:** 211

2007 Work RVU: 0.00 **2020 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2018 Medicare Utilization:** 14,449

2007 Work RVU: 0.00 **2020 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2020 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 Medicare Utilization:** 18,961

2007 Work RVU: 0.00 **2020 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2020 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.71

RUC Recommendation: Review utilization

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA

First Identified: NA **2018 Medicare Utilization:** 9,526

2007 Work RVU: 0.00 **2020 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2020 NF PE RVU:** 1.19
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.65
2007 NF PE RVU: **2020 NF PE RVU:** 0.26
2007 Fac PE RVU **2020 Fac PE RVU:** 0.25

RUC Recommendation: 0.65

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA **2018 Medicare Utilization:** 2,253

2007 Work RVU: 0.00 **2020 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2020 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.77

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 Medicare Utilization:** 2,131

2007 Work RVU: 0.00 **2020 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2020 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 Medicare Utilization:** 9,399

2007 Work RVU: 0.00 **2020 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2020 NF PE RVU:** 0.80
2007 Fac PE RVU 1.3 **2020 Fac PE RVU:** 0.58

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2018 Medicare Utilization:** 26,942

2007 Work RVU: 0.00 **2020 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2020 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.72

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 Medicare Utilization:** 9,644

2007 Work RVU: 0.00 **2020 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2020 NF PE RVU:** 0.27
2007 Fac PE RVU 0.52 **2020 Fac PE RVU:**0.17

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 Medicare Utilization:** 18

2007 Work RVU: 0.00 **2020 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2020 NF PE RVU:** 1.42
2007 Fac PE RVU 1.4 **2020 Fac PE RVU:**0.92

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:** 24,368

2007 Work RVU: **2020 Work RVU:** 9.85
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:**3.40

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:**0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 2,099

2007 Work RVU: **2020 Work RVU:** 11.74
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.04

RUC Recommendation: 11.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 5.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 250,803

2007 Work RVU: **2020 Work RVU:** 10.96
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.77

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 2

RUC Recommendation: 4.44

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

Result: Decrease

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 16,854

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 12.29

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 4.22

Result: Decrease

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:**

RUC Recommendation: 5.50

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:** 19,458

2007 Work RVU: **2020 Work RVU:** 10.95
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.76

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:** 43,200

2007 Work RVU: **2020 Work RVU:** 12.31
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 4.24

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 8,778

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 12.31

2007 NF PE RVU: **2020 NF PE RVU:** NA

2007 Fac PE RVU **2020 Fac PE RVU:** 4.24

Result: Decrease

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 2

RUC Recommendation: 6.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.00

2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

Result: Decrease

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 193,854

RUC Recommendation: 2.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.25 **2020 Work RVU:** 2.00

2007 NF PE RVU: 5.83 **2020 NF PE RVU:** 2.38

2007 Fac PE RVU 1.25 **2020 Fac PE RVU:** 0.99

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2018 Medicare Utilization:** 1,938

2007 Work RVU: 3.28 **2020 Work RVU:** 3.28
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2020 Fac PE RVU:** 1.12

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 14.82 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 6.65 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 4.16 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.8 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 10.96 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 4.97 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 2.97 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.28 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:** 3,046

2007 Work RVU: 22.70 **2020 Work RVU:** 22.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2020 Fac PE RVU:** 10.60

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:** 41

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:** 2

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 12.07 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 5.45 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 3.26 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 1.41 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92650

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92651

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92652 **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92653 **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA **First Identified:** February 2019 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report** **Global:** XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2018 Medicare Utilization:** 11,649,822

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2020 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 20 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:** 455,039

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2020 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 20 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2018 Medicare Utilization:** 19,358,901

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2020 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:** 0.06

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93012 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 5.55 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93014 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.52 **2020 Work RVU:**
2007 NF PE RVU: 0.2 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 1,003,686

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2020 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.75. CPT Assistant published. **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 1,075,868

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2020 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2020 Fac PE RVU:**0.16

RUC Recommendation: 0.45 **Result:** Maintain
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:** 97,086

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2020 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 1,264,307

2007 Work RVU: 0.30 **2020 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2020 NF PE RVU:** 0.11
2007 Fac PE RVU 0.12 **2020 Fac PE RVU:** 0.11

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2018 Medicare Utilization:** 214

2007 Work RVU: 0.75 **2020 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2020 NF PE RVU:** 3.19
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2018 Medicare Utilization:** 118,722

2007 Work RVU: 0.16 **2020 Work RVU:** 0.15

2007 NF PE RVU: 0.2 **2020 NF PE RVU:** 0.19

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2018 Medicare Utilization:** 13,538

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00

2007 NF PE RVU: 0.15 **2020 NF PE RVU:** 0.15

2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2018 Medicare Utilization:** 324,756

2007 Work RVU: 0.16 **2020 Work RVU:** 0.15

2007 NF PE RVU: 0.05 **2020 NF PE RVU:** 0.04

2007 Fac PE RVU 0.05 **2020 Fac PE RVU:**0.04

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:** 310,648

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2020 NF PE RVU:** 1.93
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:** 119,607

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2020 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:** 170,703

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2020 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 364,369

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.21
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.21

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 168,071

2007 Work RVU: **2020 Work RVU:** 0.52
2007 NF PE RVU: **2020 NF PE RVU:** 0.19
2007 Fac PE RVU **2020 Fac PE RVU:**0.19

RUC Recommendation: Survey Oct 2020 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 256,086

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 19.75
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: Survey Oct 2020 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: 0.52 **2020 Work RVU:**
2007 NF PE RVU: 3.49 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 1.37 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 1.92 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2018 Medicare Utilization:**

2007 Work RVU: 0.52 **2020 Work RVU:**
2007 NF PE RVU: 0.2 **2020 NF PE RVU:**
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:**

2007 Work RVU: 0.45 **2020 Work RVU:**
2007 NF PE RVU: 0.18 **2020 NF PE RVU:**
2007 Fac PE RVU 0.18 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:** 12,659

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2020 NF PE RVU:** 5.08
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2018 Medicare Utilization:** 42,948

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1 **2020 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 65,064

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2020 NF PE RVU:** 4.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 Medicare Utilization:** 111,578

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2020 NF PE RVU:** 0.18
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:** 0.18

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2018 Medicare Utilization:** 157,127

2007 Work RVU: **2020 Work RVU:** 0.65
2007 NF PE RVU: **2020 NF PE RVU:** 1.04
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.65

Referred to CPT February 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 992,524

2007 Work RVU: **2020 Work RVU:** 0.77
2007 NF PE RVU: **2020 NF PE RVU:** 1.22
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 68,092

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 1.28
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 121,865

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 1.19
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 226,778

2007 Work RVU: **2020 Work RVU:** 1.15
2007 NF PE RVU: **2020 NF PE RVU:** 1.39
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 252,776

2007 Work RVU: **2020 Work RVU:** 1.25
2007 NF PE RVU: **2020 NF PE RVU:** 1.50
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 36,708

2007 Work RVU: **2020 Work RVU:** 0.52
2007 NF PE RVU: **2020 NF PE RVU:** 0.97
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 17,273

2007 Work RVU: **2020 Work RVU:** 0.30
2007 NF PE RVU: **2020 NF PE RVU:** 0.82
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 11,256

2007 Work RVU: **2020 Work RVU:** 0.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.88
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 258,514

2007 Work RVU: **2020 Work RVU:** 0.43
2007 NF PE RVU: **2020 NF PE RVU:** 0.94
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 105,857

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 1.08
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 123,571

2007 Work RVU: **2020 Work RVU:** 0.43
2007 NF PE RVU: **2020 NF PE RVU:** 0.88
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 63,481

2007 Work RVU: **2020 Work RVU:** 0.37
2007 NF PE RVU: **2020 NF PE RVU:** 0.83
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2018 Medicare Utilization:** 1,106

2007 Work RVU: **2020 Work RVU:** 0.43
2007 NF PE RVU: **2020 NF PE RVU:** 0.81
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.43

Referred to CPT February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2018 Medicare Utilization:** 81,206

2007 Work RVU: **2020 Work RVU:** 0.31
2007 NF PE RVU: **2020 NF PE RVU:** 1.13
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2018 Medicare Utilization:** 1,023,901

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** 0.24
2007 Fac PE RVU **2020 Fac PE RVU:** 0.24

RUC Recommendation: 0.60

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2018 Medicare Utilization: 584,054

2007 Work RVU: **2020 Work RVU:** 0.74

2007 NF PE RVU: **2020 NF PE RVU:** 0.30

2007 Fac PE RVU **2020 Fac PE RVU:** 0.30

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2018 Medicare Utilization: 1,177,859

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 0.71

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2018 Medicare Utilization: 402,114

2007 Work RVU: **2020 Work RVU:** 0.52

2007 NF PE RVU: **2020 NF PE RVU:** 0.20

2007 Fac PE RVU **2020 Fac PE RVU:** 0.20

RUC Recommendation: 0.52

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 591,580

2007 Work RVU: **2020 Work RVU:** 0.52
2007 NF PE RVU: **2020 NF PE RVU:** 0.21
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 / Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2018 Medicare Utilization:** 646,311

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2018 Medicare Utilization:** 7,299,877

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 4.29
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2018 Medicare Utilization:** 28,347

2007 Work RVU: 0.92 **2020 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2020 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:** 388,629

2007 Work RVU: 0.53 **2020 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2020 NF PE RVU:** 2.23
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2018 Medicare Utilization:** 356,298

2007 Work RVU: 0.38 **2020 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2020 NF PE RVU:** 1.11
2007 Fac PE RVU 1.82 **2020 Fac PE RVU:** NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: October 2013 **2018 Medicare Utilization:** 211,080

2007 Work RVU: 0.15 **2020 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2020 NF PE RVU:** 0.59
2007 Fac PE RVU 1.04 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2018 Medicare Utilization:** 565,769

2007 Work RVU: 0.07 **2020 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2020 NF PE RVU:** 0.63
2007 Fac PE RVU 2.36 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008 **2018 Medicare Utilization:** 98,167

2007 Work RVU: 1.48 **2020 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2020 NF PE RVU:** 3.83
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2018 Medicare Utilization:** 239,970

2007 Work RVU: **2020 Work RVU:** 1.75
2007 NF PE RVU: **2020 NF PE RVU:** 4.79
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 43,264

2007 Work RVU: **2020 Work RVU:** 2.47
2007 NF PE RVU: **2020 NF PE RVU:** 21.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 3,767

2007 Work RVU: **2020 Work RVU:** 4.50
2007 NF PE RVU: **2020 NF PE RVU:** 20.57
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 2,724

2007 Work RVU: **2020 Work RVU:** 5.99
2007 NF PE RVU: **2020 NF PE RVU:** 26.26
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 120,367

2007 Work RVU: **2020 Work RVU:** 4.54
2007 NF PE RVU: **2020 NF PE RVU:** 20.56
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 27,348

2007 Work RVU: **2020 Work RVU:** 5.29
2007 NF PE RVU: **2020 NF PE RVU:** 23.21
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 18,361

2007 Work RVU: **2020 Work RVU:** 5.90
2007 NF PE RVU: **2020 NF PE RVU:** 25.85
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 3,471

2007 Work RVU: **2020 Work RVU:** 6.64
2007 NF PE RVU: **2020 NF PE RVU:** 28.47
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 505,684

2007 Work RVU: **2020 Work RVU:** 5.60
2007 NF PE RVU: **2020 NF PE RVU:** 23.73
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 93,982

2007 Work RVU: **2020 Work RVU:** 6.35
2007 NF PE RVU: **2020 NF PE RVU:** 25.53
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 88,804

2007 Work RVU: **2020 Work RVU:** 7.10
2007 NF PE RVU: **2020 NF PE RVU:** 28.18
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 14,648

2007 Work RVU: **2020 Work RVU:** 7.85
2007 NF PE RVU: **2020 NF PE RVU:** 31.66
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 5,823

2007 Work RVU: **2020 Work RVU:** 3.73
2007 NF PE RVU: **2020 NF PE RVU:** 1.56
2007 Fac PE RVU **2020 Fac PE RVU:** 1.56

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 6,487

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.69
2007 Fac PE RVU **2020 Fac PE RVU:** 0.69

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 881

2007 Work RVU: **2020 Work RVU:** 1.80
2007 NF PE RVU: **2020 NF PE RVU:** 4.99
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2018 Medicare Utilization:** 75,922

2007 Work RVU: 0.00 **2020 Work RVU:** 2.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.37

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93508 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93510 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93511 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93514 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93524 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93526 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93528 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93529 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93541 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93542 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93543 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93544 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93545 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93555 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93556 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2018 Medicare Utilization:** 28

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2018 Medicare Utilization:** 15

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 166

2007 Work RVU: **2020 Work RVU:** 1.11
2007 NF PE RVU: **2020 NF PE RVU:** 0.38
2007 Fac PE RVU **2020 Fac PE RVU:** 0.38

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 10

2007 Work RVU: **2020 Work RVU:** 1.13
2007 NF PE RVU: **2020 NF PE RVU:** 0.39
2007 Fac PE RVU **2020 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2018 Medicare Utilization:** 107

2007 Work RVU: **2020 Work RVU:** 0.86
2007 NF PE RVU: **2020 NF PE RVU:** 0.30
2007 Fac PE RVU **2020 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 441

2007 Work RVU: **2020 Work RVU:** 0.86
2007 NF PE RVU: **2020 NF PE RVU:** 3.14
2007 Fac PE RVU **2020 Fac PE RVU:** 0.30

RUC Recommendation: 0.96

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 31,697

2007 Work RVU: **2020 Work RVU:** 0.97
2007 NF PE RVU: **2020 NF PE RVU:** 2.36
2007 Fac PE RVU **2020 Fac PE RVU:** 0.34

RUC Recommendation: 0.97

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2018 Medicare Utilization:** 2,664

2007 Work RVU: **2020 Work RVU:** 0.88
2007 NF PE RVU: **2020 NF PE RVU:** 2.78
2007 Fac PE RVU **2020 Fac PE RVU:** 0.31

RUC Recommendation: 0.98

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2018 Medicare Utilization:** 67,449

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2018 Medicare Utilization:** 11,802

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** NA
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 24 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2018 Medicare Utilization:** 72,375

2007 Work RVU: 6.99 **2020 Work RVU:** 5.23
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2020 Fac PE RVU:** 2.24

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2018 Medicare Utilization:** 9,437

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93621 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 29,261

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 22 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2018 **2018 Medicare Utilization:** 35,898

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: Referral to CPT for parenthetical. 2.04

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2018 Medicare Utilization:** 17,774

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: NA **2020 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 16.23 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 6.96 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 17.65 **2020 Work RVU:**
2007 NF PE RVU: NA **2020 NF PE RVU:**
2007 Fac PE RVU 7.58 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2018 Medicare Utilization:** 31,185

2007 Work RVU: **2020 Work RVU:** 14.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 6.28

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2018 Medicare Utilization:** 7,041

2007 Work RVU: **2020 Work RVU:** 19.75
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 8.40

RUC Recommendation: 20.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2018 Medicare Utilization:** 26,564

2007 Work RVU: **2020 Work RVU:** 7.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.21

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2018 Medicare Utilization:** 46,247

2007 Work RVU: **2020 Work RVU:** 19.77
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 8.47

RUC Recommendation: Refer to CPT **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2018 Medicare Utilization:** 18,855

2007 Work RVU: **2020 Work RVU:** 7.50
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 3.20

RUC Recommendation: 10.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac Echocardiography **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2008 **2018 Medicare Utilization:** 54,717

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: 2.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2018 Medicare Utilization:** 1,371

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.4 **2020 NF PE RVU:** 0.42
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2018 Medicare Utilization:** 18,532

2007 Work RVU: 0.17 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.45 **2020 Work RVU:**
2007 NF PE RVU: 0.7 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.92 **2020 Work RVU:**
2007 NF PE RVU: 0.94 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.17 **2020 Work RVU:**
2007 NF PE RVU: 0.83 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.03 **2020 Work RVU:**
2007 NF PE RVU: 1.15 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2018 Medicare Utilization:**

2007 Work RVU: 1.18 **2020 Work RVU:**
2007 NF PE RVU: 1.19 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

Global: XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2018 Medicare Utilization:** 93,937

2007 Work RVU: **2020 Work RVU:** 0.92
2007 NF PE RVU: **2020 NF PE RVU:** 0.61
2007 Fac PE RVU **2020 Fac PE RVU:** 0.35

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 Medicare Utilization:** 1,567

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.81
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Reviewe in 2 years. 0.00 PE Only **Referred to CPT** September 2016 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 Medicare Utilization:** 991,643

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.14
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Review in 2 years. 0.18 **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.22 **2020 Work RVU:**
2007 NF PE RVU: 2.38 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS

First Identified: February 2010 **2018 Medicare Utilization:** 2,242,202

2007 Work RVU: 0.60 **2020 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2020 NF PE RVU:** 4.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS

First Identified: January 2012 **2018 Medicare Utilization:** 35,000

2007 Work RVU: 0.40 **2020 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2020 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93886 **Transcranial Doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 93,222

2007 Work RVU: 0.94 **2020 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2020 NF PE RVU:** 6.71
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 11,540

2007 Work RVU: 0.62 **2020 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2020 NF PE RVU:** 4.02
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study** **Global:** XXX **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 Medicare Utilization:** 39,207

2007 Work RVU: 1.00 **2020 Work RVU:** 1.00
2007 NF PE RVU: 5.2 **2020 NF PE RVU:** 6.75
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from Screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2018 Medicare Utilization:** 41,298

2007 Work RVU: 1.15 **2020 Work RVU:** 1.15
2007 NF PE RVU: 5.52 **2020 NF PE RVU:** 7.55
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from Screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest

First Identified: April 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC

First Identified: October 2008 **2018 Medicare Utilization:** 680,405

2007 Work RVU: 0.25 **2020 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2020 NF PE RVU:** 2.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.25

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2018 Medicare Utilization:** 448,329

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2020 NF PE RVU:** 3.22
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2018 Medicare Utilization:** 62,949

2007 Work RVU: 0.50 **2020 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2020 NF PE RVU:** 4.05
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2018 Medicare Utilization:** 641,248

2007 Work RVU: 0.58 **2020 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2020 NF PE RVU:** 6.28
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2018 Medicare Utilization:** 257,339

2007 Work RVU: 0.39 **2020 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2020 NF PE RVU:** 3.67
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2018 Medicare Utilization:** 23,116

2007 Work RVU: 0.46 **2020 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2020 NF PE RVU:** 4.92
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2018 Medicare Utilization:** 47,175

2007 Work RVU: 0.31 **2020 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2020 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.35 **2020 Work RVU:**
2007 NF PE RVU: 2.83 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2018 Medicare Utilization:** 1,633,776

2007 Work RVU: 0.68 **2020 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2020 NF PE RVU:** 4.73
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2018 Medicare Utilization:** 1,745,094

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2020 NF PE RVU:** 2.95
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2018 Medicare Utilization:** 214,665

2007 Work RVU: 1.80 **2020 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2020 NF PE RVU:** 6.55
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 Medicare Utilization:** 167,556

2007 Work RVU: 1.21 **2020 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2020 NF PE RVU:** 3.77
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2018 Medicare Utilization:** 288,235

2007 Work RVU: 0.65 **2020 Work RVU:** 0.80

2007 NF PE RVU: 4.85 **2020 NF PE RVU:** 4.41

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.97

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2018 Medicare Utilization:** 65,707

2007 Work RVU: 0.44 **2020 Work RVU:** 0.50

2007 NF PE RVU: 3.46 **2020 NF PE RVU:** 2.84

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**

2007 NF PE RVU: **2020 NF PE RVU:**

2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93985 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.80
2007 NF PE RVU: **2020 NF PE RVU:** 6.61
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93986 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 3.77
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2018 Medicare Utilization:** 124,254

2007 Work RVU: 0.25 **2020 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2020 NF PE RVU:** 3.78
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2018 Medicare Utilization:** 1,230,459

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2018 Medicare Utilization:** 66

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2020 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2018 Medicare Utilization:** 66

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2018 Medicare Utilization:** 4,882

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2020 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2020 Fac PE RVU:**0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2018 Medicare Utilization:** 1,162,796

2007 Work RVU: 0.31 **2020 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2020 NF PE RVU:** 1.37
2007 Fac PE RVU 1.13 **2020 Fac PE RVU:**NA

RUC Recommendation: 0.22

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2018 Medicare Utilization:** 80,894

2007 Work RVU: 0.11 **2020 Work RVU:** 0.05
2007 NF PE RVU: 0.45 **2020 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.05

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 0.7 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2018 Medicare Utilization:** 22,647

2007 Work RVU: 0.11 **2020 Work RVU:** 0.11
2007 NF PE RVU: 0.61 **2020 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

94260 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.13 **2020 Work RVU:**
2007 NF PE RVU: 0.63 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 0.73 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 0.77 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 0.69 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: **2018 Medicare Utilization:** 1,365

2007 Work RVU: 0.40 **2020 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2020 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2018 Medicare Utilization:** 89

2007 Work RVU: 0.40 **2020 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2020 NF PE RVU:** 1.44
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2016 **2018 Medicare Utilization:** 11,782

2007 Work RVU: **2020 Work RVU:** 0.70
2007 NF PE RVU: **2020 NF PE RVU:** 1.83
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2018 Medicare Utilization:** 258,597

2007 Work RVU: **2020 Work RVU:** 0.48
2007 NF PE RVU: **2020 NF PE RVU:** 0.44
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.64 **2020 Work RVU:**
2007 NF PE RVU: 2.06 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2018 Medicare Utilization:** 20,940

2007 Work RVU: 1.42 **2020 Work RVU:** 1.42
2007 NF PE RVU: 2.45 **2020 NF PE RVU:** 2.97
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2018 Medicare Utilization:** 634,350

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2020 NF PE RVU:** 0.49
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2018 Medicare Utilization:** 7,032

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.53 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2018 Medicare Utilization:** 8,959

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2020 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94669 **Mechanical chest wall oscillation to facilitate lung function, per session** **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2018 Medicare Utilization:** 270

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.81
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2018 Medicare Utilization:** 8,729

2007 Work RVU: 0.20 **2020 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2020 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)** **Global:** **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 1.04 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94725 **Membrane diffusion capacity**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.26 **2020 Work RVU:**
2007 NF PE RVU: 2.43 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:** 662,867

2007 Work RVU: **2020 Work RVU:** 0.26
2007 NF PE RVU: **2020 NF PE RVU:** 1.23
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 Medicare Utilization:** 349,064

2007 Work RVU: **2020 Work RVU:** 0.26
2007 NF PE RVU: **2020 NF PE RVU:** 0.95
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94728 **Airway resistance by oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2018 Medicare Utilization:** 6,557

2007 Work RVU: **2020 Work RVU:** 0.26

2007 NF PE RVU: **2020 NF PE RVU:** 0.87

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2018 Medicare Utilization:** 1,083,360

2007 Work RVU: **2020 Work RVU:** 0.19

2007 NF PE RVU: **2020 NF PE RVU:** 1.38

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.19

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94750 **Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:** 20,637

2007 Work RVU: 0.23 **2020 Work RVU:** 0.23

2007 NF PE RVU: 1.43 **2020 NF PE RVU:** 2.23

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2018 Medicare Utilization:** 39,307

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2020 NF PE RVU:** 0.06
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2018 Medicare Utilization:** 17,359

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2020 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2018 Medicare Utilization:** 220,258

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2008 **2018 Medicare Utilization:** 5,186

2007 Work RVU: 0.15 **2020 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2020 NF PE RVU:** NA
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.05

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 10,485,151

2007 Work RVU: 0.00 **2020 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2020 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.15 **2020 Work RVU:**
2007 NF PE RVU: 0.31 **2020 NF PE RVU:**
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST **First Identified:** October 2018 **2018 Medicare Utilization:** 131,954

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.48 **2020 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.15 **2020 Work RVU:**
2007 NF PE RVU: 0.16 **2020 NF PE RVU:**
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 30,005

2007 Work RVU: **2020 Work RVU:** 0.07
2007 NF PE RVU: **2020 NF PE RVU:** 0.16
2007 Fac PE RVU **2020 Fac PE RVU:** 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 112,900

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.14
2007 NF PE RVU: **2020 NF PE RVU:** 0.45
2007 Fac PE RVU **2020 Fac PE RVU:** 0.05
Result: Decrease

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2018 Medicare Utilization:** 1,709,373

RUC Recommendation: New PE Inputs. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2020 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.01
Result: PE Only

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 159,911

RUC Recommendation: 0.01 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2020 NF PE RVU:** 0.12
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2018 Medicare Utilization:** 1,056,620

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2020 NF PE RVU:** 0.25
2007 Fac PE RVU 0.29 **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2018 Medicare Utilization:** 2,690,042

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2020 NF PE RVU:** 0.29
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 141,443

2007 Work RVU: 0.06 **2020 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.35
2007 Fac PE RVU 0.02 **2020 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2018 Medicare Utilization:** 18,657

2007 Work RVU: 0.06 **2020 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2020 NF PE RVU:** 2.28
2007 Fac PE RVU 0.03 **2020 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2018 Medicare Utilization:** 7,447,007

2007 Work RVU: 0.06 **2020 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.34
2007 Fac PE RVU 0.02 **2020 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2018 Medicare Utilization:** 5,460

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.51
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: PE Only. Referral to CPT Assistant **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

Status Report: CMS Requests and Relativity Assessment Issues

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AACE, ES

First Identified: October 2013 **2018 Medicare Utilization:** 84,310

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2020 NF PE RVU:** 4.18
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Re-review at RAW. New PE inputs.

Referred to CPT October 2015 & February 2017

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AACE, ES

First Identified: April 2013 **2018 Medicare Utilization:** 140,283

2007 Work RVU: 0.85 **2020 Work RVU:** 0.70
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.27
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:** 0.27

RUC Recommendation: Re-review at RAW. 0.70.

Referred to CPT February 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95700 **Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95705 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95706 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95707 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95708 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95709 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95710 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95711 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95712 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95713 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95714 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95715 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95716 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95717 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.82
2007 Fac PE RVU **2020 Fac PE RVU:** 0.78

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95718 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 1.19
2007 Fac PE RVU **2020 Fac PE RVU:** 1.13

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95719 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.34
2007 Fac PE RVU **2020 Fac PE RVU:** 1.29

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95720 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 3.86
2007 NF PE RVU: **2020 NF PE RVU:** 1.85
2007 Fac PE RVU **2020 Fac PE RVU:** 1.76

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95721 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 3.86
2007 NF PE RVU: **2020 NF PE RVU:** 1.90
2007 Fac PE RVU **2020 Fac PE RVU:** 1.78

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95722 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.70
2007 NF PE RVU: **2020 NF PE RVU:** 2.28
2007 Fac PE RVU **2020 Fac PE RVU:** 2.15

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95723 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 4.75
2007 NF PE RVU: **2020 NF PE RVU:** 2.37
2007 Fac PE RVU **2020 Fac PE RVU:** 2.21

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95724 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 6.00
2007 NF PE RVU: **2020 NF PE RVU:** 2.92
2007 Fac PE RVU **2020 Fac PE RVU:** 2.74

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95725 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 5.40
2007 NF PE RVU: **2020 NF PE RVU:** 2.73
2007 Fac PE RVU **2020 Fac PE RVU:** 2.52

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95726 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 7.58
2007 NF PE RVU: **2020 NF PE RVU:** 3.69
2007 Fac PE RVU **2020 Fac PE RVU:** 3.46

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 20,915

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 3.79
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 646

2007 Work RVU: **2020 Work RVU:** 0.85
2007 NF PE RVU: **2020 NF PE RVU:** 1.63
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2018 Medicare Utilization:** 272

2007 Work RVU: **2020 Work RVU:** 0.90
2007 NF PE RVU: **2020 NF PE RVU:** 3.28
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 3,179

2007 Work RVU: 1.88 **2020 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2020 NF PE RVU:** 10.37
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 71,875

2007 Work RVU: 1.66 **2020 Work RVU:** 0.93
2007 NF PE RVU: 3.46 **2020 NF PE RVU:** 2.33
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 5,385

2007 Work RVU: 1.66 **2020 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2020 NF PE RVU:** 10.07
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 1,048

2007 Work RVU: 2.65 **2020 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2020 NF PE RVU:** 16.53
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2018 Medicare Utilization:** 285,880

2007 Work RVU: 3.52 **2020 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2020 NF PE RVU:** 14.51
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2018 Medicare Utilization:** 351,723

2007 Work RVU: 3.79 **2020 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2020 NF PE RVU:** 15.18
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 25,106

2007 Work RVU: 1.08 **2020 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2020 NF PE RVU:** 8.13
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 31,214

2007 Work RVU: 1.73 **2020 Work RVU:** 1.63
2007 NF PE RVU: 5.4 **2020 NF PE RVU:** 9.79
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2018 Medicare Utilization:** 286,570

2007 Work RVU: 1.08 **2020 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2020 NF PE RVU:** 9.14
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2018 Medicare Utilization:** 213,997

2007 Work RVU: 1.08 **2020 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2020 NF PE RVU:** 11.05
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2018 Medicare Utilization:** 27,288

2007 Work RVU: 1.08 **2020 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2020 NF PE RVU:** 9.91
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95827 **Electroencephalogram (EEG); all night recording**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2018 Medicare Utilization:** 4,323

2007 Work RVU: 1.08 **2020 Work RVU:**
2007 NF PE RVU: 4.89 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2018 Medicare Utilization:** 66,624

2007 Work RVU: 0.28 **2020 Work RVU:**
2007 NF PE RVU: 0.44 **2020 NF PE RVU:**
2007 Fac PE RVU 0.12 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2018 Medicare Utilization:** 6,965

2007 Work RVU: 0.29 **2020 Work RVU:**
2007 NF PE RVU: 0.34 **2020 NF PE RVU:**
2007 Fac PE RVU 0.12 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2018 Medicare Utilization:** 975

2007 Work RVU: 0.47 **2020 Work RVU:**
2007 NF PE RVU: 0.55 **2020 NF PE RVU:**
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2018 Medicare Utilization:** 517

2007 Work RVU: 0.60 **2020 Work RVU:**
2007 NF PE RVU: 0.61 **2020 NF PE RVU:**
2007 Fac PE RVU 0.26 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2018 Medicare Utilization:** 2,679

2007 Work RVU: 0.96 **2020 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2020 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 44,545

2007 Work RVU: 1.54 **2020 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2020 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 212

2007 Work RVU: 1.87 **2020 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2020 NF PE RVU:** 4.06
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 2,360

2007 Work RVU: 1.99 **2020 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2020 NF PE RVU:** 4.98
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 1,309

2007 Work RVU: 0.79 **2020 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2020 NF PE RVU:** 2.20
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 5,786

2007 Work RVU: 1.18 **2020 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2020 NF PE RVU:** 2.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2018 Medicare Utilization:** 506

2007 Work RVU: 0.37 **2020 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2020 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2018 Medicare Utilization:** 53,832

2007 Work RVU: 0.37 **2020 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2020 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 141,165

2007 Work RVU: **2020 Work RVU:** 0.35
2007 NF PE RVU: **2020 NF PE RVU:** 1.41
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 951,999

2007 Work RVU: **2020 Work RVU:** 0.86
2007 NF PE RVU: **2020 NF PE RVU:** 1.86
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 14,506

2007 Work RVU: **2020 Work RVU:** 0.71
2007 NF PE RVU: **2020 NF PE RVU:** 1.66
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.42 **2020 Work RVU:**
2007 NF PE RVU: 1.18 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.60 **2020 Work RVU:**
2007 NF PE RVU: 1.15 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.34 **2020 Work RVU:**
2007 NF PE RVU: 1.03 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 7,108

2007 Work RVU: **2020 Work RVU:** 1.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.65
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 60,013

2007 Work RVU: **2020 Work RVU:** 1.25
2007 NF PE RVU: **2020 NF PE RVU:** 2.13
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 134,679

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 2.55
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 158,699

2007 Work RVU: **2020 Work RVU:** 2.00
2007 NF PE RVU: **2020 NF PE RVU:** 3.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 170,980

2007 Work RVU: **2020 Work RVU:** 2.50
2007 NF PE RVU: **2020 NF PE RVU:** 3.89
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 79,997

2007 Work RVU: **2020 Work RVU:** 3.00
2007 NF PE RVU: **2020 NF PE RVU:** 4.30
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 Medicare Utilization:** 80,061

2007 Work RVU: **2020 Work RVU:** 3.56
2007 NF PE RVU: **2020 NF PE RVU:** 4.89
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2018 Medicare Utilization:** 49,335

2007 Work RVU: 0.90 **2020 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2020 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.90 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2018 Medicare Utilization:** 2,989

2007 Work RVU: 0.96 **2020 Work RVU:** 0.96
2007 NF PE RVU: 1 **2020 NF PE RVU:** 1.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.96 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2018 Medicare Utilization:** 114,179

2007 Work RVU: 0.90 **2020 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2020 NF PE RVU:** 2.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** **2018 Medicare Utilization:** 21,129

2007 Work RVU: **2020 Work RVU:** 1.73
2007 NF PE RVU: **2020 NF PE RVU:** 2.42
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 1.73 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2018 Medicare Utilization:** 6,416

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2020 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2018 Medicare Utilization:** 6,688

2007 Work RVU: 0.54 **2020 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2020 NF PE RVU:** 3.18
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2018 Medicare Utilization:** 272

2007 Work RVU: 1.50 **2020 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2020 NF PE RVU:** 4.81
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2018 Medicare Utilization:** 1,370

2007 Work RVU: 1.50 **2020 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2020 NF PE RVU:** 5.00
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2018 Medicare Utilization:** 61,676

2007 Work RVU: 0.35 **2020 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2020 NF PE RVU:** 1.51
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2018 Medicare Utilization:**

2007 Work RVU: 0.51 **2020 Work RVU:**
2007 NF PE RVU: 0.55 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:**

First Identified: **2018 Medicare Utilization:**

2007 Work RVU: 0.55 **2020 Work RVU:**

2007 NF PE RVU: 0.49 **2020 NF PE RVU:**

2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: January 2013 **2018 Medicare Utilization:** 87,194

2007 Work RVU: **2020 Work RVU:** 0.86

2007 NF PE RVU: **2020 NF PE RVU:** 8.92

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: January 2013 **2018 Medicare Utilization:** 39,970

2007 Work RVU: **2020 Work RVU:** 2.25

2007 NF PE RVU: **2020 NF PE RVU:** 12.45

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:** 20,357

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.29

RUC Recommendation: 0.60

Referred to CPT February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** 0.00

RUC Recommendation: 2.00

Referred to CPT February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAN, AANEM

First Identified: January 2018 **2018 Medicare Utilization:** 27,882

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for Deletion

Referred to CPT May 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2018 Medicare Utilization:** 1,443

2007 Work RVU: 1.51 **2020 Work RVU:**
2007 NF PE RVU: 4.18 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:**

First Identified: October 2016 **2018 Medicare Utilization:** 180,469

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2018 Medicare Utilization:** 24,698

2007 Work RVU: 3.30 **2020 Work RVU:**
2007 NF PE RVU: 7.52 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2018 Medicare Utilization:** 773

2007 Work RVU: 2.45 **2020 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2020 NF PE RVU:** 8.41
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2018 Medicare Utilization:** 4,751

2007 Work RVU: 3.08 **2020 Work RVU:**
2007 NF PE RVU: 15.47 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 65,277

2007 Work RVU: 1.98 **2020 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2020 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2018 Medicare Utilization:** 41,874

2007 Work RVU: 0.45 **2020 Work RVU:** 0.35
2007 NF PE RVU: 0.86 **2020 NF PE RVU:** 0.17
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:** 0.16

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2018 Medicare Utilization:** 26,285

2007 Work RVU: 0.78 **2020 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2020 NF PE RVU:** 0.58
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2018 Medicare Utilization:** 58,379

2007 Work RVU: 1.50 **2020 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU 0.48 **2020 Fac PE RVU:** 0.30

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2018 Medicare Utilization:**

2007 Work RVU: 0.92 **2020 Work RVU:**
2007 NF PE RVU: 0.61 **2020 NF PE RVU:**
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 11,789

2007 Work RVU: 3.00 **2020 Work RVU:**
2007 NF PE RVU: 1.65 **2020 NF PE RVU:**
2007 Fac PE RVU 1.19 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 176

2007 Work RVU: 1.70 **2020 Work RVU:**
2007 NF PE RVU: 0.86 **2020 NF PE RVU:**
2007 Fac PE RVU 0.67 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.73
2007 NF PE RVU: **2020 NF PE RVU:** 0.37
2007 Fac PE RVU **2020 Fac PE RVU:** 0.35

RUC Recommendation: 0.95 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95977 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.97
2007 NF PE RVU: **2020 NF PE RVU:** 0.48
2007 Fac PE RVU **2020 Fac PE RVU:** 0.46

RUC Recommendation: 1.19 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 36,696

2007 Work RVU: 3.50 **2020 Work RVU:**
2007 NF PE RVU: 1.91 **2020 NF PE RVU:**
2007 Fac PE RVU 1.24 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 Medicare Utilization:** 5,806

2007 Work RVU: 1.64 **2020 Work RVU:**
2007 NF PE RVU: 0.84 **2020 NF PE RVU:**
2007 Fac PE RVU 0.64 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2018 Medicare Utilization:** 507

2007 Work RVU: **2020 Work RVU:** 0.80
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.34

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2018 Medicare Utilization:** 814

2007 Work RVU: **2020 Work RVU:** 0.30
2007 NF PE RVU: **2020 NF PE RVU:** 0.66
2007 Fac PE RVU **2020 Fac PE RVU:** 0.16

RUC Recommendation: Not part of family

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2018 Medicare Utilization:** 1,387

2007 Work RVU: **2020 Work RVU:** 0.65
2007 NF PE RVU: **2020 NF PE RVU:** 0.85
2007 Fac PE RVU **2020 Fac PE RVU:** 0.30

RUC Recommendation: Not part of family

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.91
2007 NF PE RVU: **2020 NF PE RVU:** 0.46
2007 Fac PE RVU **2020 Fac PE RVU:** 0.44

RUC Recommendation: 1.25 and Refer to CPT Assistant

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

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95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.80
2007 NF PE RVU: **2020 NF PE RVU:** 0.40
2007 Fac PE RVU **2020 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2018 Medicare Utilization:** 2,064

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2020 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2018 Medicare Utilization:** 10,477

2007 Work RVU: 0.77 **2020 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2020 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95992 **Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**

Global: XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2018 Medicare Utilization:** 100,150

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 0.47
2007 Fac PE RVU **2020 Fac PE RVU:** 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 233,672

2007 Work RVU: 1.86 **2020 Work RVU:**
2007 NF PE RVU: 0.58 **2020 NF PE RVU:**
2007 Fac PE RVU 0.56 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 36,140

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 0.8 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2018 Medicare Utilization:** 130,835

2007 Work RVU: 0.51 **2020 Work RVU:**
2007 NF PE RVU: 0.49 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2018 Medicare Utilization:** 1,093

2007 Work RVU: 0.00 **2020 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2020 NF PE RVU:** 1.09
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2020 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2018 Medicare Utilization:** 1,290

2007 Work RVU: 2.60 **2020 Work RVU:**
2007 NF PE RVU: 0.96 **2020 NF PE RVU:**
2007 Fac PE RVU 0.92 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.56
2007 NF PE RVU: **2020 NF PE RVU:** 1.20
2007 Fac PE RVU **2020 Fac PE RVU:** 0.95

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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96113 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.16
2007 NF PE RVU: **2020 NF PE RVU:** 0.52
2007 Fac PE RVU **2020 Fac PE RVU:** 0.43

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 169,886

2007 Work RVU: 1.86 **2020 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2020 NF PE RVU:** 0.81
2007 Fac PE RVU 0.59 **2020 Fac PE RVU:** 0.45

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 709,110

2007 Work RVU: 1.86 **2020 Work RVU:**
2007 NF PE RVU: 1.25 **2020 NF PE RVU:**
2007 Fac PE RVU 0.56 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 Medicare Utilization:** 186,854

2007 Work RVU: 0.55 **2020 Work RVU:**
2007 NF PE RVU: 1.15 **2020 NF PE RVU:**
2007 Fac PE RVU 0.17 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2018 Medicare Utilization:** 41,015

2007 Work RVU: 0.51 **2020 Work RVU:**
2007 NF PE RVU: 1.04 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.71
2007 NF PE RVU: **2020 NF PE RVU:** 0.59
2007 Fac PE RVU **2020 Fac PE RVU:** 0.42

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2018 Medicare Utilization:** 3,277

2007 Work RVU: **2020 Work RVU:** 1.70
2007 NF PE RVU: **2020 NF PE RVU:** 1.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2018 Medicare Utilization:** 281,834

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.13
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.56
2007 NF PE RVU: **2020 NF PE RVU:** 0.73
2007 Fac PE RVU **2020 Fac PE RVU:** 0.43

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.96
2007 NF PE RVU: **2020 NF PE RVU:** 0.55
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.56
2007 NF PE RVU: **2020 NF PE RVU:** 1.13
2007 Fac PE RVU **2020 Fac PE RVU:** 0.39

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96133 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.96
2007 NF PE RVU: **2020 NF PE RVU:** 0.80
2007 Fac PE RVU **2020 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96136 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.55
2007 NF PE RVU: **2020 NF PE RVU:** 0.75
2007 Fac PE RVU **2020 Fac PE RVU:** 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96137 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.46
2007 NF PE RVU: **2020 NF PE RVU:** 0.74
2007 Fac PE RVU **2020 Fac PE RVU:** 0.07

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.06
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 1.06
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.05
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 56,448

2007 Work RVU: 0.50 **2020 Work RVU:**
2007 NF PE RVU: 0.16 **2020 NF PE RVU:**
2007 Fac PE RVU 0.16 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 5,819

2007 Work RVU: 0.48 **2020 Work RVU:**
2007 NF PE RVU: 0.16 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 103,880

2007 Work RVU: 0.46 **2020 Work RVU:**
2007 NF PE RVU: 0.15 **2020 NF PE RVU:**
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:** 43,616

2007 Work RVU: 0.10 **2020 Work RVU:**
2007 NF PE RVU: 0.04 **2020 NF PE RVU:**
2007 Fac PE RVU 0.03 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:** APA (psychology), NASW

First Identified: April 2017 **2018 Medicare Utilization:** 10,562

2007 Work RVU: 0.45 **2020 Work RVU:**
2007 NF PE RVU: 0.15 **2020 NF PE RVU:**
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: 0.44 **2020 Work RVU:**
2007 NF PE RVU: 0.16 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 2.10
2007 NF PE RVU: **2020 NF PE RVU:** 0.58
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.39
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96159 **Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.14
2007 Fac PE RVU **2020 Fac PE RVU:** 0.07

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96164 **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.21
2007 NF PE RVU: **2020 NF PE RVU:** 0.06
2007 Fac PE RVU **2020 Fac PE RVU:** 0.03

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96165 **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.10
2007 NF PE RVU: **2020 NF PE RVU:** 0.03
2007 Fac PE RVU **2020 Fac PE RVU:** 0.01

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96167 **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.55
2007 NF PE RVU: **2020 NF PE RVU:** 0.42
2007 Fac PE RVU **2020 Fac PE RVU:** 0.22

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96168 **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.55
2007 NF PE RVU: **2020 NF PE RVU:** 0.15
2007 Fac PE RVU **2020 Fac PE RVU:** 0.08

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.69
2007 Fac PE RVU **2020 Fac PE RVU:** 0.58

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96171 **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.54
2007 NF PE RVU: **2020 NF PE RVU:** 0.25
2007 Fac PE RVU **2020 Fac PE RVU:** 0.21

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2018 Medicare Utilization:** 221,043

2007 Work RVU: **2020 Work RVU:** 0.17

2007 NF PE RVU: **2020 NF PE RVU:** 0.77

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2018 Medicare Utilization:** 415,127

2007 Work RVU: **2020 Work RVU:** 0.09

2007 NF PE RVU: **2020 NF PE RVU:** 0.28

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2018 Medicare Utilization:** 1,220,398

2007 Work RVU: **2020 Work RVU:** 0.21

2007 NF PE RVU: **2020 NF PE RVU:** 1.74

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2018 Medicare Utilization:** 578,518

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.42
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2018 Medicare Utilization:** 1,138,816

2007 Work RVU: **2020 Work RVU:** 0.19
2007 NF PE RVU: **2020 NF PE RVU:** 0.66
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2018 Medicare Utilization:** 124,191

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.41
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2018 Medicare Utilization:** 9,423,001

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.22
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2018 Medicare Utilization:** 295,362

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.91
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2018 Medicare Utilization:** 1,617,997

2007 Work RVU: **2020 Work RVU:** 0.10
2007 NF PE RVU: **2020 NF PE RVU:** 0.35
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2018 Medicare Utilization:** 43,289

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.38
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2018 Medicare Utilization:** 715,746

2007 Work RVU: 0.21 **2020 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2020 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2018 Medicare Utilization:** 396,592

2007 Work RVU: 0.19 **2020 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2020 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions** **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2018 Medicare Utilization:** 9,051

2007 Work RVU: 0.52 **2020 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2020 NF PE RVU:** 1.80
2007 Fac PE RVU 0.24 **2020 Fac PE RVU:**0.29

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions** **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2018 Medicare Utilization:** 479

2007 Work RVU: 0.80 **2020 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2020 NF PE RVU:** 2.75
2007 Fac PE RVU 0.29 **2020 Fac PE RVU:**0.45

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug** **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2018 Medicare Utilization:** 94,003

2007 Work RVU: 0.24 **2020 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2020 NF PE RVU:** 2.73
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2018 Medicare Utilization:** 172,137

2007 Work RVU: 0.20 **2020 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2020 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2018 Medicare Utilization:** 1,829,790

2007 Work RVU: 0.28 **2020 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2020 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.28 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2018 Medicare Utilization:** 916,168

2007 Work RVU: 0.19 **2020 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2020 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2018 Medicare Utilization:** 35,389

2007 Work RVU: 0.21 **2020 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2020 NF PE RVU:** 3.65
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2018 Medicare Utilization:** 376,235

2007 Work RVU: 0.21 **2020 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2020 NF PE RVU:** 1.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2018 Medicare Utilization:** 94

2007 Work RVU: 2.37 **2020 Work RVU:** 2.12
2007 NF PE RVU: 7.48 **2020 NF PE RVU:** 22.64
2007 Fac PE RVU 1.17 **2020 Fac PE RVU:** 0.97

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2018 Medicare Utilization:** 80,049

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2020 NF PE RVU:** 3.76
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2018 Medicare Utilization:** 33,540

RUC Recommendation: 0.48

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 0.48

2007 NF PE RVU: **2020 NF PE RVU:** 5.53

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Increase

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2018 Medicare Utilization:** 30,493

RUC Recommendation: 1.01

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2020 Work RVU:** 1.01

2007 NF PE RVU: **2020 NF PE RVU:** 6.52

2007 Fac PE RVU **2020 Fac PE RVU:** NA

Result: Increase

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015 **2018 Medicare Utilization:** 388,272

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00

2007 NF PE RVU: 1.24 **2020 NF PE RVU:** 3.26

2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2008

2018 Medicare Utilization: 108,553

2007 Work RVU: 1.15 **2020 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2020 NF PE RVU:** 3.41
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:** 0.68

RUC Recommendation: 1.15. Review in two years (Oct 2021)

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2018 Medicare Utilization: 27,496

2007 Work RVU: 1.17 **2020 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2020 NF PE RVU:** 3.70
2007 Fac PE RVU 0.57 **2020 Fac PE RVU:** 0.76

RUC Recommendation: 1.30. Review in two years (Oct 2021)

Referred to CPT

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2008

2018 Medicare Utilization: 16,055

2007 Work RVU: 2.10 **2020 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2020 NF PE RVU:** 4.70
2007 Fac PE RVU 0.73 **2020 Fac PE RVU:** 1.22

RUC Recommendation: 2.10. Review in two years (Oct 2021)

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 1.20 **2020 Work RVU:**
2007 NF PE RVU: 0.73 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.60 **2020 Work RVU:**
2007 NF PE RVU: 0.43 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 1.20 **2020 Work RVU:**
2007 NF PE RVU: 0.86 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2018 Medicare Utilization:**

2007 Work RVU: 0.60 **2020 Work RVU:**
2007 NF PE RVU: 0.64 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 0.06 **2020 Work RVU:** 0.06
2007 NF PE RVU: 0.06 **2020 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2018 Medicare Utilization:** 558,849

2007 Work RVU: 0.25 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.13 **2020 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.19 **2020 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: February 2010 **2018 Medicare Utilization:** 720,039

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2020 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010 **2018 Medicare Utilization:** 160,549

2007 Work RVU: 0.06 **2020 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2020 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: April 2016 **2018 Medicare Utilization:** 183,089

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.24 **2020 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2018 Medicare Utilization:** 875,629

2007 Work RVU: 0.25 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2020 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2018 Medicare Utilization:** 63,972

2007 Work RVU: 0.26 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2020 NF PE RVU:** 0.32
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2018 Medicare Utilization:** 8,480

2007 Work RVU: 0.21 **2020 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2020 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2018 Medicare Utilization:** 2,180,097

2007 Work RVU: 0.21 **2020 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2020 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 56,548,107

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2020 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2018 Medicare Utilization:** 14,642,999

2007 Work RVU: 0.45 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.32 **2020 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2018 Medicare Utilization:** 1,736,406

2007 Work RVU: 0.44 **2020 Work RVU:** 0.48
2007 NF PE RVU: 0.43 **2020 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2018 Medicare Utilization:** 2,307,991

2007 Work RVU: 0.40 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.25 **2020 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: September 2011 **2018 Medicare Utilization:** 27,733,395

2007 Work RVU: 0.43 **2020 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2020 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** **Specialty Developing Recommendation:** APTA

First Identified: April 2011 **2018 Medicare Utilization:** 1,227,790

2007 Work RVU: 0.27 **2020 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2020 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015 **2018 Medicare Utilization:** 1,383,954

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.18
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 1,296,982

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.18
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 304,235

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.18
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 531,156

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 0.89
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 127,041

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.33
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 89,631

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 20,870

2007 Work RVU: **2020 Work RVU:** 1.20
2007 NF PE RVU: **2020 NF PE RVU:** 1.32
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2018 Medicare Utilization:** 31,473

2007 Work RVU: **2020 Work RVU:** 0.75
2007 NF PE RVU: **2020 NF PE RVU:** 1.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2018 Medicare Utilization:** 15,942,274

2007 Work RVU: 0.44 **2020 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2020 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2018 Medicare Utilization:**

2007 Work RVU: 0.44 **2020 Work RVU:**
2007 NF PE RVU: 0.21 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2018 Medicare Utilization:** 11,981

2007 Work RVU: 0.44 **2020 Work RVU:** 0.48
2007 NF PE RVU: 0.25 **2020 NF PE RVU:** 0.97
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2018 Medicare Utilization:** 1,627,752

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2020 NF PE RVU:** 0.50
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2018 Medicare Utilization:** 6,748

2007 Work RVU: 0.45 **2020 Work RVU:** 0.48
2007 NF PE RVU: 0.27 **2020 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2018 Medicare Utilization:** 49,711

2007 Work RVU: 0.45 **2020 Work RVU:** 0.48
2007 NF PE RVU: 0.28 **2020 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2018 Medicare Utilization:** 961,925

2007 Work RVU: 0.58 **2020 Work RVU:** 0.77
2007 NF PE RVU: 0.77 **2020 NF PE RVU:** 1.91
2007 Fac PE RVU 0.53 **2020 Fac PE RVU:** 0.22

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2018 Medicare Utilization:** 148,046

2007 Work RVU: 0.80 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.91 **2020 NF PE RVU:** 0.75
2007 Fac PE RVU 0.64 **2020 Fac PE RVU:** 0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0 **2020 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2020 Fac PE RVU:**0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2018 Medicare Utilization:** 52,901

2007 Work RVU: 0.55 **2020 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU 0.2 **2020 Fac PE RVU:**0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2018 Medicare Utilization:** 15,939

2007 Work RVU: 0.60 **2020 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2020 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2018 Medicare Utilization:** 5,179

2007 Work RVU: **2020 Work RVU:** 0.41
2007 NF PE RVU: **2020 NF PE RVU:** 9.01
2007 Fac PE RVU **2020 Fac PE RVU:** 0.16

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2018 Medicare Utilization:** 1,159

2007 Work RVU: **2020 Work RVU:** 0.46
2007 NF PE RVU: **2020 NF PE RVU:** 8.98
2007 Fac PE RVU **2020 Fac PE RVU:** 0.18

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2018 Medicare Utilization:** 6,934

2007 Work RVU: **2020 Work RVU:** 0.40
2007 NF PE RVU: **2020 NF PE RVU:** 8.73
2007 Fac PE RVU **2020 Fac PE RVU:** 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2018 Medicare Utilization:** 3,122

2007 Work RVU: 0.62 **2020 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2020 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2018 Medicare Utilization:** 58,809

2007 Work RVU: 0.45 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.36 **2020 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2018 Medicare Utilization:** 3,213

2007 Work RVU: 0.45 **2020 Work RVU:** 0.50
2007 NF PE RVU: 0.29 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 0.25 **2020 Work RVU:**
2007 NF PE RVU: 0.5 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2018 Medicare Utilization:** 31,650

2007 Work RVU: **2020 Work RVU:** 0.48
2007 NF PE RVU: **2020 NF PE RVU:** 1.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2018 Medicare Utilization:** 216,842

2007 Work RVU: 0.45 **2020 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2020 NF PE RVU:** 0.51
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:** 0.41

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2018 Medicare Utilization:** 202,078

2007 Work RVU: 0.37 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2020 NF PE RVU:** 0.45
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**0.34

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2018 Medicare Utilization:** 70,272

2007 Work RVU: 0.45 **2020 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2020 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:**0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2018 Medicare Utilization:** 111,514

2007 Work RVU: 0.65 **2020 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2020 NF PE RVU:** 0.53
2007 Fac PE RVU 0.23 **2020 Fac PE RVU:**0.27

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2018 Medicare Utilization:** 98,224

2007 Work RVU: 0.87 **2020 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU 0.28 **2020 Fac PE RVU:**0.34

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2018 Medicare Utilization:** 102,165

2007 Work RVU: 1.03 **2020 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2020 NF PE RVU:** 0.78
2007 Fac PE RVU 0.32 **2020 Fac PE RVU:**0.42

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2018 Medicare Utilization:** 73,412

2007 Work RVU: 1.19 **2020 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2020 NF PE RVU:** 0.90
2007 Fac PE RVU 0.35 **2020 Fac PE RVU:**0.52

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2018 Medicare Utilization:** 5,819,766

2007 Work RVU: 0.45 **2020 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2020 NF PE RVU:** 0.33
2007 Fac PE RVU 0.12 **2020 Fac PE RVU:**0.17

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2018 Medicare Utilization:** 13,312,593

2007 Work RVU: 0.65 **2020 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2020 NF PE RVU:** 0.43
2007 Fac PE RVU 0.17 **2020 Fac PE RVU:**0.26

RUC Recommendation: 0.71 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2018 Medicare Utilization:** 906,708

2007 Work RVU: 0.87 **2020 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2020 NF PE RVU:** 0.52
2007 Fac PE RVU 0.23 **2020 Fac PE RVU:**0.35

RUC Recommendation: 0.96 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions** **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2018 Medicare Utilization:**

2007 Work RVU: 0.40 **2020 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2020 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2020 Fac PE RVU:**0.18

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

99143 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99149 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99150 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.00 **2020 Work RVU:**
2007 NF PE RVU: 0 **2020 NF PE RVU:**
2007 Fac PE RVU 0 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:** 19

2007 Work RVU: **2020 Work RVU:** 0.50
2007 NF PE RVU: **2020 NF PE RVU:** 1.55
2007 Fac PE RVU **2020 Fac PE RVU:** 0.12

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:** 1,813,595

2007 Work RVU: **2020 Work RVU:** 0.25
2007 NF PE RVU: **2020 NF PE RVU:** 1.16
2007 Fac PE RVU **2020 Fac PE RVU:** 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:** 44

2007 Work RVU: **2020 Work RVU:** 1.90
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.32

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2018 Medicare Utilization:** 7,608

2007 Work RVU: **2020 Work RVU:** 1.65
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.42

RUC Recommendation: 1.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.15
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.12
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2018 Medicare Utilization:** 404,528

2007 Work RVU: 2.34 **2020 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2020 NF PE RVU:** 0.78
2007 Fac PE RVU 0.69 **2020 Fac PE RVU:** 0.78

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99281 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2018 Medicare Utilization:** 71,160

2007 Work RVU: 0.45 **2020 Work RVU:** 0.48
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.09 **2020 Fac PE RVU:** 0.11
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2018 Medicare Utilization:** 366,163

2007 Work RVU: 0.88 **2020 Work RVU:** 0.93
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:** 0.21
Result: Increase

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2018 Medicare Utilization:** 2,988,719

2007 Work RVU: 1.34 **2020 Work RVU:** 1.42
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.3 **2020 Fac PE RVU:**0.29
Result: Increase

RUC Recommendation: 1.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2018 Medicare Utilization:** 5,638,668

2007 Work RVU: 2.56 **2020 Work RVU:** 2.60
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.47 **2020 Fac PE RVU:**0.51
Result: Increase

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99285 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2018 Medicare Utilization:** 11,539,861

2007 Work RVU: 3.80 **2020 Work RVU:** 3.80
2007 NF PE RVU: NA **2020 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2020 Fac PE RVU:** 0.71

RUC Recommendation: 3.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 Medicare Utilization:**

2007 Work RVU: 1.65 **2020 Work RVU:**
2007 NF PE RVU: 1.29 **2020 NF PE RVU:**
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 Medicare Utilization:**

2007 Work RVU: 0.63 **2020 Work RVU:**
2007 NF PE RVU: 0.38 **2020 NF PE RVU:**
2007 Fac PE RVU 0.15 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73
2007 NF PE RVU: 1.35 **2020 NF PE RVU:** 1.10
2007 Fac PE RVU 1.26 **2020 Fac PE RVU:**0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73
2007 NF PE RVU: 1.64 **2020 NF PE RVU:** 1.10
2007 Fac PE RVU 1.56 **2020 Fac PE RVU:**0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99491 **Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:** 1.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.79
2007 Fac PE RVU **2020 Fac PE RVU:** 0.79

RUC Recommendation: 1.45. Refer to CPT Assistant

Referred to CPT **Result:** Not part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

99492 **Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2018 Medicare Utilization:** 10,031

2007 Work RVU: **2020 Work RVU:** 1.70
2007 NF PE RVU: **2020 NF PE RVU:** 2.54
2007 Fac PE RVU **2020 Fac PE RVU:** 0.69

RUC Recommendation: CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.

Referred to CPT **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99493 **Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2018 Medicare Utilization:** 5,927

2007 Work RVU: **2020 Work RVU:** 1.53
2007 NF PE RVU: **2020 NF PE RVU:** 1.88
2007 Fac PE RVU **2020 Fac PE RVU:** 0.63

RUC Recommendation: CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

99494 **Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

Most Recent RUC Meeting: January 2020 **Tab** 37 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2018 Medicare Utilization:** 16,421

2007 Work RVU: **2020 Work RVU:** 0.82
2007 NF PE RVU: **2020 NF PE RVU:** 0.90
2007 Fac PE RVU **2020 Fac PE RVU:** 0.33

RUC Recommendation: CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.

Referred to CPT **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2018 Medicare Utilization:** 1,413,544

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 0.82
2007 Fac PE RVU **2020 Fac PE RVU:** 0.64

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2018 Medicare Utilization:** 48,080

2007 Work RVU: **2020 Work RVU:** 1.40
2007 NF PE RVU: **2020 NF PE RVU:** 0.62
2007 Fac PE RVU **2020 Fac PE RVU:** 0.61

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2018 Medicare Utilization:** 949,536

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2020 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2020 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2018 Medicare Utilization:** 33,604

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:**0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2018 Medicare Utilization:** 2,630

2007 Work RVU: 0.96 **2020 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2020 NF PE RVU:** 4.03
2007 Fac PE RVU 0.53 **2020 Fac PE RVU:**0.66

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 253,400

2007 Work RVU: 3.69 **2020 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2020 NF PE RVU:** 5.75
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**1.68

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes** **Global:** XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2018 Medicare Utilization:** 154,847

2007 Work RVU: 0.00 **2020 Work RVU:** 0.90
2007 NF PE RVU: 0.77 **2020 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2018 Medicare Utilization:** 103,339

2007 Work RVU: 0.00 **2020 Work RVU:** 0.25
2007 NF PE RVU: 0.44 **2020 NF PE RVU:** 0.18
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2018 Medicare Utilization:** 232,179

2007 Work RVU: 3.69 **2020 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2020 NF PE RVU:** 5.75
2007 Fac PE RVU 1.57 **2020 Fac PE RVU:**1.68

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2018 Medicare Utilization:** 49,270

2007 Work RVU: 0.42 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.46

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2018 Medicare Utilization:** 1,016,068

2007 Work RVU: 0.17 **2020 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2020 NF PE RVU:** 0.49
2007 Fac PE RVU 0.07 **2020 Fac PE RVU:**0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2018 Medicare Utilization:** 3,909

2007 Work RVU: 0.42 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.46

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 14 **Specialty Developing Recommendation:** ACC **First Identified:** April 2016 **2018 Medicare Utilization:** 110,383

2007 Work RVU: 0.07 **2020 Work RVU:** 0.00
2007 NF PE RVU: 3.81 **2020 NF PE RVU:** 2.86
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.00 (PE Only) **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Wound Closure by Adhesive **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 34 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** July 2016 **2018 Medicare Utilization:** 44,708

2007 Work RVU: 0.45 **2020 Work RVU:** 0.31
2007 NF PE RVU: 1.84 **2020 NF PE RVU:** 2.66
2007 Fac PE RVU 0.22 **2020 Fac PE RVU:**0.17

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2018 Medicare Utilization:** 892,111

2007 Work RVU: 0.45 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2020 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2018 Medicare Utilization:** 1,222,704

2007 Work RVU: 0.67 **2020 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2020 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0181 **Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2018 Medicare Utilization:** 407,285

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2020 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0182 **Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2018 Medicare Utilization:** 26,491

2007 Work RVU: 1.73 **2020 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2020 NF PE RVU:** 1.20
2007 Fac PE RVU NA **2020 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

G0202 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 2.74 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0204 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.87 **2020 Work RVU:**
2007 NF PE RVU: 2.87 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0206 **Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2018 Medicare Utilization:**

2007 Work RVU: 0.70 **2020 Work RVU:**
2007 NF PE RVU: 2.31 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2018 Medicare Utilization:** 74,171

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2020 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2018 Medicare Utilization:** 65,423

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2020 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0248 **Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2018 Medicare Utilization:** 31,559

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 5.8 **2020 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:** 1,273,274

2007 Work RVU: 0.00 **2020 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2020 NF PE RVU:** 1.63
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2018 Medicare Utilization:** 213,366

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2020 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008 **2018 Medicare Utilization:** 158,128

2007 Work RVU: 0.61 **2020 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2020 NF PE RVU:** 0.73
2007 Fac PE RVU 0.23 **2020 Fac PE RVU:**0.26

RUC Recommendation: 0.61

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2018 Medicare Utilization:** 61,567

2007 Work RVU: 0.37 **2020 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2020 NF PE RVU:** 0.45
2007 Fac PE RVU 0.38 **2020 Fac PE RVU:**0.34

RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2018 Medicare Utilization:** 636,512

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** 0.92
2007 Fac PE RVU **2020 Fac PE RVU:**NA

RUC Recommendation: Recommend CMS delete **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2018 Medicare Utilization:** 7,222,859

2007 Work RVU: 0.18 **2020 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2020 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2020 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0296 **Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2019 **2018 Medicare Utilization:** 37,841

2007 Work RVU: **2020 Work RVU:** 0.52
2007 NF PE RVU: **2020 NF PE RVU:** 0.26
2007 Fac PE RVU **2020 Fac PE RVU:** 0.20

RUC Recommendation: Submit action plan

Referred to CPT **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0297 **Low dose ct scan (ldct) for lung cancer screening**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:** 198,015

2007 Work RVU: 0.00 **2020 Work RVU:** 1.02
2007 NF PE RVU: 0 **2020 NF PE RVU:** 5.62
2007 Fac PE RVU 0 **2020 Fac PE RVU:** NA

RUC Recommendation: Recommend CMS delete. Cat I code created.

Referred to CPT May 2019 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2018 Medicare Utilization:**

2007 Work RVU: 0.16 **2020 Work RVU:**
2007 NF PE RVU: 0.15 **2020 NF PE RVU:**
2007 Fac PE RVU 0.06 **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2017 **2018 Medicare Utilization:** 38,221

2007 Work RVU: 0.25 **2020 Work RVU:**
2007 NF PE RVU: 4.28 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2018 Medicare Utilization:**

2007 Work RVU: 0.58 **2020 Work RVU:**
2007 NF PE RVU: 1.81 **2020 NF PE RVU:**
2007 Fac PE RVU NA **2020 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ASA, ASAM **First Identified:** October 2017 **2018 Medicare Utilization:** 48,517

2007 Work RVU: **2020 Work RVU:** 0.65
2007 NF PE RVU: **2020 NF PE RVU:** 0.32
2007 Fac PE RVU **2020 Fac PE RVU:** 0.24

RUC Recommendation: Refer to CPT **Referred to CPT** October 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0399 **Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation**

Global: XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2018 Medicare Utilization:** 102,862

2007 Work RVU: **2020 Work RVU:** 0.00
2007 NF PE RVU: **2020 NF PE RVU:** 0.00
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: CMS delete

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest

First Identified: April 2016 **2018 Medicare Utilization:** 523,901

2007 Work RVU: **2020 Work RVU:** 2.43
2007 NF PE RVU: **2020 NF PE RVU:** 2.11
2007 Fac PE RVU **2020 Fac PE RVU:** 1.02

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest

First Identified: April 2016 **2018 Medicare Utilization:** 128,321

2007 Work RVU: **2020 Work RVU:** 0.17
2007 NF PE RVU: **2020 NF PE RVU:** 0.29
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method** **Global:** XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2018 Medicare Utilization:** 128,108

2007 Work RVU: **2020 Work RVU:** 3.60
2007 NF PE RVU: **2020 NF PE RVU:** 5.95
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes** **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2018 Medicare Utilization:** 1,143,392

2007 Work RVU: **2020 Work RVU:** 2.43
2007 NF PE RVU: **2020 NF PE RVU:** 2.23
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0439 **Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2018 Medicare Utilization:** 7,415,368

2007 Work RVU: **2020 Work RVU:** 1.50
2007 NF PE RVU: **2020 NF PE RVU:** 1.66
2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0442 **Annual alcohol misuse screening, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2018 Medicare Utilization:** 736,010

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.32
2007 Fac PE RVU **2020 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2018 Medicare Utilization:** 1,730,459

2007 Work RVU: **2020 Work RVU:** 0.18
2007 NF PE RVU: **2020 NF PE RVU:** 0.32
2007 Fac PE RVU **2020 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Intensive Behavioral Therapy for Cardiovascular Disease **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2017 **2018 Medicare Utilization:** 216,004

2007 Work RVU: **2020 Work RVU:** 0.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.26
2007 Fac PE RVU **2020 Fac PE RVU:** 0.19

RUC Recommendation: Survey, but no specialty interest, so no recommendation.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling for Obesity **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2018 Medicare Utilization:** 295,088

2007 Work RVU: **2020 Work RVU:** 0.45
2007 NF PE RVU: **2020 NF PE RVU:** 0.26
2007 Fac PE RVU **2020 Fac PE RVU:** 0.19

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 Medicare Utilization:** 126,095

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: 0.93

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2018 Medicare Utilization:** 401,739

2007 Work RVU: **2020 Work RVU:** 0.60
2007 NF PE RVU: **2020 NF PE RVU:** NA
2007 Fac PE RVU **2020 Fac PE RVU:** 0.29

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2018 Medicare Utilization:**

2007 Work RVU: **2020 Work RVU:**
2007 NF PE RVU: **2020 NF PE RVU:**
2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017

2018 Medicare Utilization: 1,305,312

2007 Work RVU: **2020 Work RVU:** 0.39

2007 NF PE RVU: **2020 NF PE RVU:** 1.71

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2019

2018 Medicare Utilization: 23,907

2007 Work RVU: **2020 Work RVU:** 0.00

2007 NF PE RVU: **2020 NF PE RVU:** 7.28

2007 Fac PE RVU **2020 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

GPCX1 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2019

2018 Medicare Utilization:

2007 Work RVU: **2020 Work RVU:**

2007 NF PE RVU: **2020 NF PE RVU:**

2007 Fac PE RVU **2020 Fac PE RVU:**

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: N/A

Status Report: CMS Requests and Relativity Assessment Issues

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2018 Medicare Utilization:** 1,707

2007 Work RVU: 0.42 **2020 Work RVU:** 0.26
2007 NF PE RVU: 0.21 **2020 NF PE RVU:** 0.46
2007 Fac PE RVU 0.21 **2020 Fac PE RVU:**0.46

RUC Recommendation: 0.42 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2018 Medicare Utilization:** 560,083

2007 Work RVU: 0.37 **2020 Work RVU:** 0.37
2007 NF PE RVU: 0.69 **2020 NF PE RVU:** 0.81
2007 Fac PE RVU 0.13 **2020 Fac PE RVU:**0.14

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0191T	**Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion**	High Volume Category III Codes	January 2020	AAO	October 2020

Background: At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
01936	**Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic**	High Volume Growth4	October 2019	ASA	May 2020

Background: This service was identifed on the high volume growth screen, services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. In April 2017, the Workgroup noted it was concerned that this service may still be reported inappropriately as the top surgical services reported with 01936 (22513, 22514, 62322, 62323, 63650, 64483 and 64490) utilization does not show significant increases and some of these services indicate that moderate sedation is included. The Workgroup noted that ASA has provided significant education on the correct reporting of this service, however can not reach all other providers of this service or physicians who request the anesthesia service. The Workgroup recommends reviewing 01936 after two years of utilization data are available including the utilization for the top surgical services reported with 01936 (October 2019). In October 2019, the Workgroup recommended that this service be referred to CPT to create more granular codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0376T	**Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)**	High Volume Category III Codes	January 2020	AAO	October 2020

Background: At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0446T	**Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training**	CMS Request - Final Rule for 2020	January 2020	AACE, ES	Time uncertain

Background: In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that “the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems.” Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application.The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0447T	**Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision**	CMS Request - Final Rule for 2020	January 2020	AACE, ES	Time uncertain

Background: In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that "the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems." Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application.The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0448T	**Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation**	CMS Request - Final Rule for 2020	January 2020	AACE, ES	Time uncertain

Background: In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that "the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems." Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application.The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37220	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37225	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37226	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37227	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37228	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37229	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37230	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37231	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37232	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37233	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37234	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37235	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	October 2020

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
49565	**Repair recurrent incisional or ventral hernia; reducible**	Site of Service Anomaly - 2019	January 2020	ACS, SAGES	May 2020

Background: In October 2019, the Relativity Assessment Workgroup identified CPT code 49565 as performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2018e Medicare utilization over 5,000. The RUC recommended this service be surveyed for January 2020. In January 2020, the specialty societies requested that CPT code 49565 be referred to the May 2020 CPT Editorial Panel to update the descriptor to current standard of practice and typical patient presentation; for example, mesh insertion and removal, and size and number or defects. The RUC questioned if CPT codes 49560, 49561, 49566 and/or 49568 are considered part of this family of services. The specialty society indicated they will define the family of services on the correct coding application (CCA). The RUC recommends that these services be referred to the May 2020 CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
50080	**Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm**	Site of Service Anomaly - 2019	January 2020	AUA	May 2020

Background: In January 2020, the specialty societies requested that CPT codes 50080 and 50081 be referred to the CPT Editorial Panel to update the descriptors to remove the phrase "with or without" and clearly differentiate work in current practice.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
50081	**Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm**	Site of Service Anomaly - 2019	January 2020	AUA	May 2020

Background: In January 2020, the specialty societies requested that CPT codes 50080 and 50081 be referred to the CPT Editorial Panel to update the descriptors to remove the phrase "with or without" and clearly differentiate work in current practice.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64415	**Injection(s), anesthetic agent(s) and/or steroid; brachial plexus**	CMS Fastest Growing	October 2018	AAPM, ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64416	**Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth2	October 2018	ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64417	**Injection(s), anesthetic agent(s) and/or steroid; axillary nerve**	part of New/Revised Review	October 2018	ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64446	**Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth1	October 2018	ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64447	**Injection(s), anesthetic agent(s) and/or steroid; femoral nerve**	CMS Fastest Growing	October 2018	AAPM, ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64448	**Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	October 2018	ASA	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until until after the CPT Imaging Guidance Workgroup completes its work.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64615	**Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**	High Volume Growth6	January 2020	AAN, AANEM, AAPM&R, NANS	October 2020

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT to clarify this service and make the code more granular to what is being performed. This service was originally surveyed by various specialties, some of which may no longer be typically providing this service.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
66174	**Transluminal dilation of aqueous outflow canal; without retention of device or stent**	New Technology/ New Service	January 2020	AAO	May 2020

Background: In January 2020, the RUC reviewed these services and recommends to refer to CPT May 2020. CPT 66174 to revise the descriptor and add exclusionary parentheticals. CPT 66175 should be maintained given it has very low utilization.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
66175	**Transluminal dilation of aqueous outflow canal; with retention of device or stent**	New Technology/ New Service	January 2020	AAO	May 2020

Background: In January 2020, the RUC reviewed these services and recommends to refer to CPT May 2020. CPT 66174 to revise the descriptor and add exclusionary parentheticals. CPT 66175 should be maintained given it has very low utilization.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
67141	**Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy**	Harvard Valued - Utilization over 30,000-Part4	January 2020	AAO, ASRS	May 2020

Background: CPT code 67145 was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended to refer to CPT May 2020. The RUC agreed with the specialty societies and recommends that CPT 67145 as well as its parent code CPT 67141 be referred to CPT for a descriptor and global period change. The codes should both be edited to remove the reference to "1 or more sessions" so that the services may be valued as a 010-day procedure versus the current 090-day global.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
67145	**Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)**	Harvard Valued - Utilization over 30,000-Part4	January 2020	AAO, ASRS	May 2020

Background: CPT code 67145 was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended to refer to CPT May 2020. The RUC agreed with the specialty societies and recommends that CPT 67145 as well as its parent code CPT 67141 be referred to CPT for a descriptor and global period change. The codes should both be edited to remove the reference to "1 or more sessions" so that the services may be valued as a 010-day procedure versus the current 090-day global.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
72275	**Epidurography, radiological supervision and interpretation**	Different Performing Specialty from Survey3	January 2020	ASA, AAPM, AAMPR, NASS	May 2020

Background: In October 2019, this service was identified on the Different Performing Specialty from Survey screen. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74301	**Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**	CMS-Other - Utilization over 30,000-Part3	January 2019	ACR	February 2020

Background: This service was identified with 74300. In January 2019, the RUC recommended to refer this code to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76377	**3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**	CMS Request - Final Rule for 2020	January 2020	ACR, ASNR, SIR	May 2020

Background: In the Final Rule for the CY 2020 Medicare Physician Fee Schedule, CMS nominated CPT code 76377 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation as potentially misvalued. The Agency views CPT code 76377 to be part of the same family as CPT code 76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation, which was recently reviewed at the April 2018 RUC meeting. CMS requested that CPT code 76376 also be reviewed to maintain relativity within the code family. The specialty societies disagreed with CMS' rationale for the nomination of CPT code 76377 as potentially misvalued and the specialties do not believe that CPT codes 76376 and 76377 are in the same code family, although the descriptors are similar. The societies noted that the two codes are different because they are utilized on different patient populations (as evidenced by the ICD-10 diagnoses.) They also noted that the technical and professional resources required for 76376 and 76377 are significantly different. For these reasons, the specialty societies recommended, and the RUC agreed to refer CPT codes 76377 and 76376 to the CPT Editorial Panel for further review and potential revision. The specialty societies noted that they will determine the family of services including whether the codes remain a family, based on the recommendations of the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76942	**Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**	CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	April 2014	AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	After Imaging Guidance Workgroup is complete

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until the Feb 2020 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76970	**Ultrasound study follow-up (specify)**	High Volume Growth1 / CMS-Other - Utilization over 20,000	October 2019	ACS, ACR, AACE	February 2020

Background: In October 2018, the Workgroup discussed future screens and recommends lowering the threshold and examining the list of CMS/Other source codes with Medicare utilization over 20,000. The Workgroup recommends that the specialty societies submit an action plans to be presented at the October 2019 meeting. In October 2019, the RUC referred this issue to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76998	**Ultrasonic guidance, intraoperative**	CMS-Other - Utilization over 20,000	October 2019	STS, AATS, ACS, ASBrS, AUA, AVLS, SCAI, SIR, SVS	February 2020

Background: In October 2018, the Workgroup discussed future screens and recommends lowering the threshold and examining the list of CMS/Other source codes with Medicare utilization over 20,000. In October 2019, the RUC refers this issued to CPT Editorial Panel (May 2020) to more accurately differentiate physician work as multiple specialties currently use this code and to clarify correct coding.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
80500	**Clinical pathology consultation; limited, without review of patient's history and medical records**	CMS-Other - Utilization over 20,000	October 2019	CAP	October 2020

Background: In October 2018, the Workgroup discussed future screens and recommends lowering the threshold and examining the list of CMS/Other source codes with Medicare utilization over 20,000. In October 2019, the RUC referred this issue to CPT to define this service more specifically, currently the descriptor is vague.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90785	**Interactive complexity (List separately in addition to the code for primary procedure)**	CMS High Expenditure Procedural Codes1 / High Volume Growth6	January 2020	APA, APA (HCPAC), NASW	May 2020

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT to modify the parenthetical to reflect all services that may not be reported with code 90785.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92065	**Orthoptic and/or pleoptic training, with continuing medical direction and evaluation**	Harvard Valued - Utilization over 30,000-Part4	January 2020	AAO, AOA (optometry)	May 2020

Background: This service was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended that this service be referred to CPT May 2020. This service with an “and/or” connector should be two different codes given their different patient populations and techniques used for the treatment. For that reason, this code should go back to CPT for a descriptor edit as well as creation of separate codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93656	**Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**	Codes Reported Together 75% or More-Part1 / High Volume Growth6	January 2020	ACC, HRS	May 2020

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT May 2020 for revision and bundle. Technology and clinical practice have changed since these codes were written in 2011. Based on the billed together data for these and related codes, the specialties recommended referral to CPT to update code descriptors and likely bundle services now commonly performed together, such as 3D mapping.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95943	**Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**	Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume	January 2020	AAN, AANEM	May 2020

Background: In January 2018, a RUC member suggested to review high volume contractor priced codes. AMA Staff identifiedcode 95943 as acontractor-priced Category I CPT codes that has 2017 estimated Medicare utilization over 10,000. The Workgroup determined that there are various reasons in which these codes have been recommended to be contractor priced and the specialty societies should submit action plans for the October 2018 meeting indicating whether these services should be reviewed for physician work/practice expense by the RUC. In October 2018, the RUC determined that this service is performed by many specialties and the utilization is high enough to survey. Survey for January 2019. In January 2019, a RUC member provided background that when this Category I code was created at the CPT Editorial Panel it was created to differentiate the service from tilt table testing. The device manufacturer brought the code forward for a series of maneuvers that are different than those performed using a tilt table. The RUC member suggested that in the years since the code was created it has proven that it does not meet the criteria for a Category I code. The RUC member explained the service is not widely performed and that 100 internists performing the service is not “frequency consistent with the intended clinical use”. The code describes common measures and if the service was consistent with current medical practice the volume would be much higher. The RUC recommends CPT code 95943 be referred to the CPT Editorial Panel for deletion. During the re-run of screens in June 2019, AMA staff noted that 95921 is still being reported by Internal Medicine and Family Practice physicians but was surveyed by Neurology and AANEM. AMA staff noted that CPT code 95943 may or may not be the appropriate code that should be reported instead of 95921 by IM and Family Practice and should not be deleted until the RAW discusses further in October 2019. In January 2020, the RUC confirmed to refer to CPT to delete code 95943.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA, ASAM	October 2020

Background: At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95921	**Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**	Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3	January 2020	Refer to CPT Assistant. 0.90	AAFP, AAN, AANEM, ACNS, ACP	

Background: In February 2008, this service was identified via the High Volume Growth screen. The RUC recommended that a CPT Assistant be published on correct coding; and review in two years (April 2010). In April 2010, the RUC recommended that the specialties submit a code change proposal to create two codes that bundle 95925 with 95926 and 95928 with 95929 when the services are performed on the same date. For code pair 95921/95922, the RUC acknowledged that the rational for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) are requested to provide the following information regarding 95921 and 95922: A. What are the clinically appropriate scenarios for reporting each service? B. What is the description of the service? C. What are the clinically appropriate scenarios when these services are reported on the same date? In December 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. The RUC recommended referral to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95922	**Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**	High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	January 2020	Refer to CPT Assistant. 0.96	AAFP, AAN, AANEM, ACNS, ACP	Dec 2008

Background: In February 2008, this service was identified via the High Volume Growth screen. The RUC recommended that a CPT Assistant be published on correct coding; and review in two years (April 2010). In April 2010, the RUC recommended that the specialties submit a code change proposal to create two codes that bundle 95925 with 95926 and 95928 with 95929 when the services are performed on the same date. For code pair 95921/95922, the RUC acknowledged that the rational for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) are requested to provide the following information regarding 95921 and 95922: A. What are the clinically appropriate scenarios for reporting each service? B. What is the description of the service? C. What are the clinically appropriate scenarios when these services are reported on the same date? In December 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. The RUC recommended referral to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95923	**Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**	Codes Reported Together 75% or More-Part1 / High Volume Growth6	January 2020	Refer to CPT Assistant. 0.90	AAFP, AAN, AANEM, ACNS, ACP	

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95924	**Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**	Codes Reported Together 75% or More-Part1	January 2020	Refer to CPT Assistant. 1.73	AAFP, AAN, AANEM, ACNS, ACP	

Background: CPT Feb 2012 established 2 new codes with instructional guidelines to report autonomic function testing. The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
99492	**Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**	Work Neutrality 2018	January 2020	CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.	AACAP, AAFP, AAP, ACP, APA (psychiatry)	

Background: In October 2019, the RUC identified this family as having more than 10% increase (468%) in work RVUs for 2018 than what was projected. Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
99493	**Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.**	Work Neutrality 2018	January 2020	CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.	AACAP, AAFP, AAP, ACP, APA (psychiatry)	

Background: In October 2019, the RUC identified this family as having more than 10% increase (468%) in work RVUs for 2018 than what was projected. Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
99494	**Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**	Work Neutrality 2018	January 2020	CPT Assistant. CMS investigate and review for New Tech/New Svc in Oct 2022.	AACAP, AAFP, AAP, ACP, APA (psychiatry)	

Background: In October 2019, the RUC identified this family as having more than 10% increase (468%) in work RVUs for 2018 than what was projected. Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		☐
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		☐
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		☐
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		☐
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		☐
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		☐
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		☐
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		☐
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2021	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2022	Review in 3 years (Oct 2022); pediatric procedure with some CMS utilization.	☑
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Jan 2018	Hemi-Aortic Arch Replacement	06	CPT 2019	October 2022		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33995		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		☐
33997		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		☐
33X01		Oct 2018	Aortic Graft Procedures	06	CPT 2020	October 2023		☐
34806	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	October 2023		☐
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	October 2022		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		☐
55880		Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	October 2024		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57465		Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	October 2024		☐
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		☐
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		☐
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		☐
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		☐
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		☐
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		☐
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2020	Review utilization in 3 years (Oct 2019) and flag in the RUC database not to use to validate physician work. Specialty societies will review the billed together file to determine if they will revise these services to CPT Feb 2020 for bundling or if they will go straight to survey. Specialty societies will provide an action plan for the RAW in January 2020. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor and add exclusionary parentheticals. Code 66175 should be maintained given it has very low utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2020	Review utilization in 3 years (Oct 2019) and flag in the RUC database not to use to validate physician work. Specialty societies will review the billed together file to determine if they will revise these services to CPT Feb 2020 for bundling or if they will go straight to survey. Specialty societies will provide an action plan for the RAW in January 2020. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor and add exclusionary parentheticals. Code 66175 should be maintained given it has very low utilization.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
69706		Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	October 2024		☐
69705		Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
71271		Oct 2019	Screening CT of Thorax	07	CPT 2021	October 2024		☐
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2021	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years (Oct 2021) after additional utilization data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2021	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years (Oct 2021) after additional utilization data is available.	☐
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Review in 3 years (October 2020)	☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		☐
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		☐
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		☐
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☑

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							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		☐
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		☐
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		☐
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		☐
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis, qualitative, and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long intergenic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially							

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	encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M,							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease							

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	[pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta]							

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	dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-							

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	Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG							

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	(sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary							

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	unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	(COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol							

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	reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							

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	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

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	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins							

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	syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full							

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	gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene							

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	sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated							

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	channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH								

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	dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene							

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	sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene							

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	sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic								

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	encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast])							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	January 2020	Surveyed for January 2020. Decreased.	☑
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		☐
92229		Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		☐
92517		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		☐
92518		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92519		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		☐
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2021	Review in 2 years (October 2021)	☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
93241		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93242		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93243		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93244		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93245		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93246		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
93247		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93248		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		☐
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		☐
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		☐
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		☐
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		☐
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		☐
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2023		☐
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	October 2023		☐
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	October 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2020	Review in 3 years (October 2020)	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2017	Chronic Care Management Services	09	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identifiedPsychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identifiedPsychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identifiedPsychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	☐

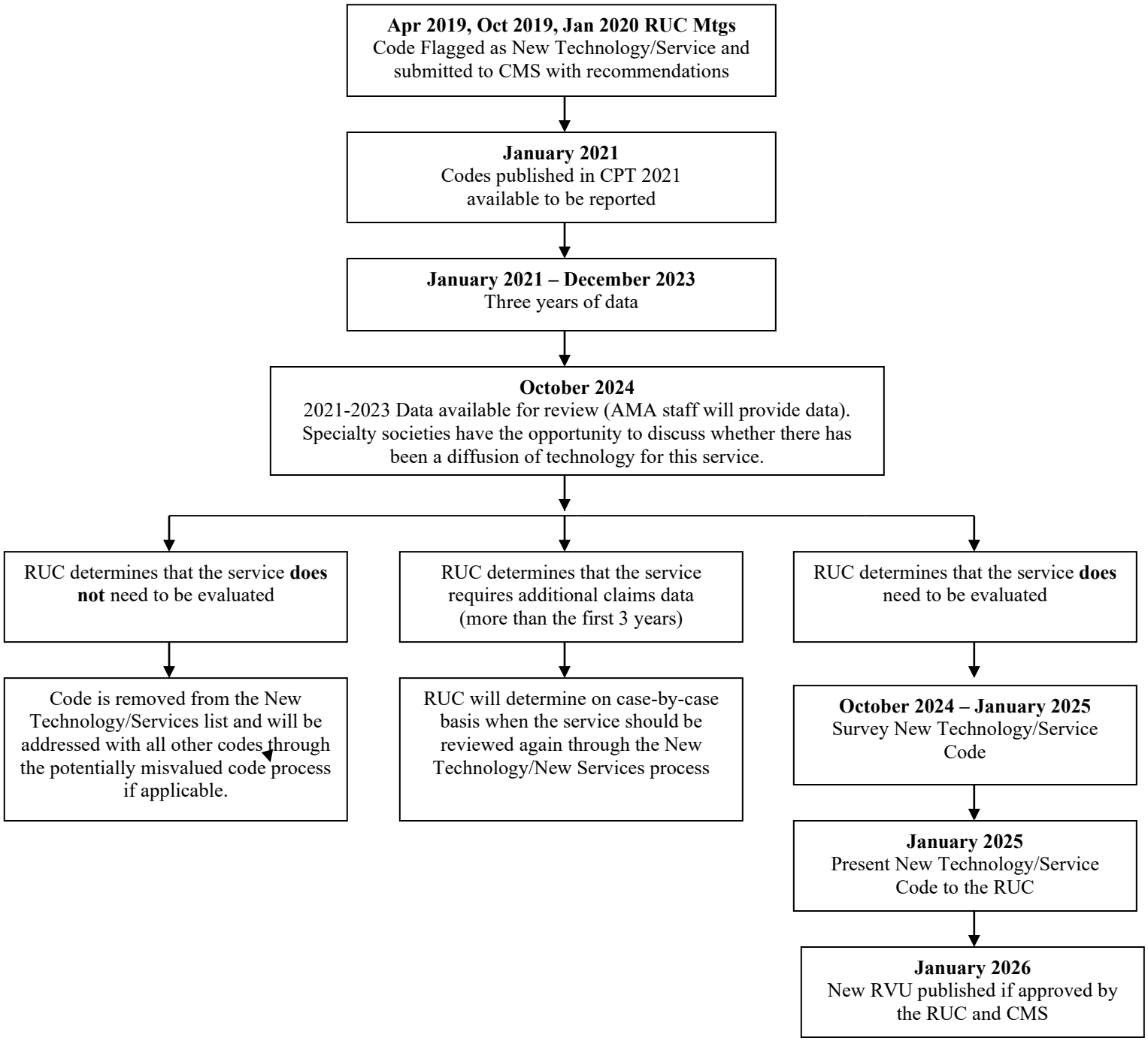
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.	
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2021	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (October 2021).	☐
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2021	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (October 2021).	☐
99417		Apr 2019	Office Visits	09	CPT 2021	October 2024		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99417		Apr 2019	Office Visits	09	CPT 2021	October 2024		☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Society	Acronym
Academy of Nutrition and Dietetics	ANDi
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of PAs	AAPA
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM

American Association of Clinical Endocrinologists	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG

American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Medical Women's Association	AMWA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA

American Psychiatric Association	APA
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP

American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
American Vein and Lymphatic Society	AVLS
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Society for the Advancement of Spine Surgery	ISASS

National Association of Social Workers	NASW
North American Neuromodulation Society	NANS
Radiological Society of North America	RSNA
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Short Descriptor	Global	99204	99211	99212	99213	99214	99215	Total CY2021 RUC Proposed Physician Time - Before Global Adjustment	Total CY2021 RUC Proposed Physician Time with RUC Proposed Office Visit Times	Change in Total Physician Time	Total CY2021 RUC Proposed Surgical Global wRVU - Before Adjustment	RUC Proposed Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits	Change in Surgical Global wRVU	Change in Clinical Staff Time
11960	Insertion of tissue expander(s) for	090	0	0	1	7	0	0	357	408	51	12.40	14.93	2.53	0
11970	Replacement of tissue expander w	090	0	0	2	1	0	0	216	227	11	8.01	8.78	0.77	0
11971	Removal of tissue expander witho	090	0	0	3	1	0	0	215	228	13	7.02	8.01	0.99	0
19307	Mastectomy, modified radical, incl	090	0	0	0	3	1	0	343	373	30	17.99	19.40	1.41	-2
19316	Mastopexy	090	0	0	2	2	0	0	301	319	18	11.09	12.19	1.10	0
19318	Breast reduction	090	0	0	2	2	0	0	367	385	18	16.03	17.13	1.10	0
19325	Breast augmentation with implant	090	0	0	4	0	0	0	225	233	8	8.64	9.52	0.88	0
19328	Removal of intact breast implant	090	0	0	2	1	0	0	199	210	11	7.44	8.21	0.77	0
19330	Removal of ruptured breast implar	090	0	0	2	1	0	0	229	240	11	9.00	9.77	0.77	0
19340	Insertion of breast implant on sam	090	0	0	2	2	0	0	261	279	18	11.00	12.10	1.10	0
19342	Insertion or replacement of breast	090	0	0	3	1	0	0	252	265	13	11.00	11.99	0.99	0
19357	Tissue expander placement in brea	090	0	0	2	5	0	0	344	383	39	15.36	17.45	2.09	0
19370	Revision of peri-implant capsule, b	090	0	0	0	3	0	0	255	276	21	10.00	10.99	0.99	0
19371	Peri-implant capsulectomy, breast	090	0	0	1	2	0	0	261	277	16	10.81	11.69	0.88	0
19380	Revision of reconstructed breast (e	090	0	0	2	2	0	0	307	325	18	12.00	13.10	1.10	0
22310	Closed treatment of vertebral bod	090	0	0	3	0	0	0	131	137	6	3.75	4.41	0.66	0
29822	Arthroscopy, shoulder, surgical; de	090	0	0	1	2	0	0	191	207	16	7.03	7.91	0.88	0
29823	Arthroscopy, shoulder, surgical; de	090	0	0	1	2	0	0	211	227	16	7.98	8.86	0.88	0
57282	Colpopexy, vaginal; extra-peritone	090	0	0	0	2	0	0	229	243	14	13.48	14.14	0.66	0
57283	Colpopexy, vaginal; intra-peritonea	090	0	0	0	2	0	0	231	245	14	13.51	14.17	0.66	0
57425	Laparoscopy, surgical, colpopexy (s	090	0	0	0	2	0	0	351	365	14	18.02	18.68	0.66	0

Office Visit Times	Current Times	RUC Proposal	Current Work RVU	Proposed Work RVU	Current Clinical Staff Time	RUC Proposal Clinical Staff Time
99204	45	60	2.43	2.6	62	54
99211	7	7	0.18	0.18	19	17
99212	16	18	0.48	0.7	28	28
99213	23	30	0.97	1.3	36	36
99214	40	49	1.5	1.92	53	51
99215	55	70	2.11	2.8	63	62

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Tissue Expander, Other Than Breast – Tab 4

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen codes to provide descriptor clarification of any overlap in physician work for breast reconstruction services. In the CPT coding changes application, the specialty stated that this change is editorial and does not involve a change in work. At the April 2019 RUC meeting, the RUC agreed that the seventeen breast reconstruction services should be surveyed for the October 2019 RUC meeting. Codes 11960, 19316, 19350, 19355, and 19396 were also included as being part of the same code family. Based on the change in the typical patient for CPT code 11971 and multiple Harvard valued codes, the RUC agreed that all twenty-two of these services be surveyed, contrary to the specialty initial recommendation that these changes are editorial only and do not require surveying. At that time, the RUC had recommended surveying all twenty-two codes for the October 2019 RUC meeting.

At the October 2019 RUC meeting, the specialty elected to survey two of the codes and send a third code to CPT for revision. The specialty noted that the designation of a single 22 code family was too expansive, and that the family categorization should be more granular than surgical procedures for the repair and/or reconstruction of the same anatomic region. The specialties proposed 8 families of services to the RUC noting that this categorization assigns similar procedures together and ensures that the survey process is effective. The RUC concurred with the more granular classification of families that group analogous procedures together. Furthermore, the specialty indicated, and the RUC agreed, that three of the code families, autologous reconstruction, nipple procedures and moulage formation were not identified by any RAW screens, had no change to their work from CPT revisions and had no obvious flaws to their valuation (i.e., a site of service valuation issue), and therefore would not need to be reviewed at this time. The RUC agreed that, although the specialty societies had conducted surveys of code 11970 and 11971 for October 2019, these services should be resurveyed with their newly identified respective code families. The *Tissue Expander, Other Than Breast* code family was one of the code families identified by the RUC for review for the January 2020 RUC meeting.

Compelling Evidence

The RUC reviewed and accepted compelling evidence that the original valuation of CPT code 11960 was based on flawed methodology when it was reviewed in 1995 which resulted in the service having a negative IWPUT. The value of the service did not appropriately take into context the times assigned to the service in 1995. In addition, the RUC reviewed and accepted compelling evidence based on a change in patient population. The specialty society noted that much of the orthopedic surgery and hand surgery utilization for this service is potentially miscoding and the most common diagnoses in the claims data is now neuropathy. The specialty believed that this was due to miscoding for a carpal tunnel procedure using a balloon that is completely different than the intended placement of a tissue expander with post-operative expansion for recruitment of soft tissue. A code change application was presented at the September 2019 CPT Editorial Panel meeting to add parentheticals directing appropriate usage and to prevent the usage of the code for a carpal tunnel procedure, which was supported both by hand surgery and orthopedic surgery. The same parenthetical also limited the coding of 11960 *Insertion of tissue expander(s) for other than breast, including subsequent expansion* with 11971

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Removal of tissue expander(s) without insertion of prosthesis since placement of a new expander would inherently include the work of removal of a prior expander if present.

11960 *Insertion of tissue expander(s) for other than breast, including subsequent expansion*
The RUC reviewed the survey results from 31 plastic surgeons and recommends: 33 minutes of pre-service evaluation time, 3 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 90 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 7 99213 post-operative office visit and 2 99212 post-operative office visits. The first post-operative visit is to change dressings, remove the drain, evaluate the patient and review pain control. Visits two through eight of the post-operative visits are related to the incremental filling of the tissue expander typically starting at 3-4 weeks post-operative and occurring on a weekly basis. The specialty noted and the RUC agreed that the typical patient for this service (a scalp expansion) takes a particularly long time to expand as the skin is relatively inelastic. The specialty noted that the 7 visits for expansion are procedural visits which involve taking vital signs, talking about pain control, evaluating the soft tissues for further suitability for expansion. The procedure needs to be a sterile procedure, involving prepping, draping, scrub/dress/wait time for each of the 7 post-operative procedural visits which supports these visits being approximately the same amount of work as 99213 office visits.

The RUC reviewed the survey 25th percentile work RVU of 12.40 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 12.40, the RUC compared the survey code to CPT code 28046 *Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm* (work RVU= 12.38, intra-service time of 90 minutes, total time of 334 minutes) and noted that both services have an identical amount of intra-service time and the survey code involves somewhat more total time. The RUC also compared the survey code to CPT code 25575 *Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna* (work RVU= 12.29, intra-service time of 90 minutes, total time of 342 minutes) and noted that both services have an identical amount of intra-service time and the survey code involves somewhat more total time. **The RUC recommends a work RVU of 12.40 for CPT code 11960.**

Practice Expense
The Practice Expense Subcommittee changed the exam table to a power table, which is typical for this specialty. The Subcommittee also removed a redundant suture removal kit. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Integumentary System** **Introduction**				
▲11960	A1	Insertion of tissue expander(s) for other than breast, including subsequent expansion (Do not report 11960 in conjunction with 11971, 29848, 64702-64726) ~~*(For breast reconstruction with tissue expander(s), use 19357)*~~ *(For insertion of tissue expander(s) in breast reconstruction, use 19357)*	090	12.40
Repair - Complex *13160* *Secondary closure of surgical wound or dehiscence, extensive or complicated* (Do not report 13160 in conjunction with 11960) *(For packing or simple secondary wound closure, see 12020, 12021)*				
Musculoskeletal System *29848* *Endoscopy, wrist, surgical, with release of transverse carpal ligament* (Do not report 29848 in conjunction with 11960) *(For open procedure, use 64721)*				

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Nervous System
Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

Neuroplasty is the surgical decompression or freeing of intact nerve from scar tissue, including external neurolysis and/or transposition to repair or restore the nerve.

(Do not report 64702-64726 in conjunction with 11960)

(For percutaneous neurolysis, see 62263, 62264, 62280-62282)

(For internal neurolysis requiring use of operating microscope, use 64727)

(For facial nerve decompression, use 69720)

(For neuroplasty with nerve wrapping, see 64702-64727, 64999)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11960 Tracking Number Original Specialty Recommended RVU: **14.00**
Presented Recommended RVU: **14.00**
Global Period: 090 Current Work RVU: **11.49** RUC Recommended RVU: **12.40**

CPT Descriptor: Insertion of tissue expander(s) for other than breast, including subsequent expansion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67 year old male with a history of traumatic scalp loss and unstable skin graft to his cranium presents for reconstruction. There is not sufficient scalp for primary reconstruction. Tissue expansion is planned to recruit additional scalp and allow for excision of the previous skin graft.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 83% , In the ASC 16%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 38% , Overnight stay-less than 24 hours 53% , Overnight stay-more than 24 hours 7%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 43%

Description of Pre-Service Work:
Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. A narcotics prescription review is performed. The patient's history and physical are updated. The operative site is marked, including both the incision and area of dissection, and reviewed with the patient. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. The availability of all required supplies and instruments are verified including the tissue expanders. The patient is transferred from the gurney and positioned on the operating room table. Bony prominences are padded, and thermal regulation drapes are applied. The position of the extremities and head is assessed and adjusted, as needed based on the surgical site. The surgeon scrubs and gowns. The surgical site is prepped and draped. A surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: A small access incision is made along the scalp and subgaleal dissection is performed to create a pocket for the tissue expander. The pocket is extended toward the defect to be later reconstructed but without violation into the defect. Due to the small access incision, dissection of the pocket requires careful dissection. The galea is scored to allow for better expansion. The pocket is irrigated with saline and hemostasis. The access incision is then reprepped to minimize contaimination. A sterile expander is then obtained and voided of air. The expander is placed into the pocket with a separate pocket created for the expander port behind the ear. A surgical drain is placed. The incisions are closed in multiple layers and post-operative dressings are placed.

Description of Post-Service Work: Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team. A surgical report is prepared for the chart and dictated to the medical record. Post-operative orders are written. Discharge planning is supervised and instructions given.

Post Op Visit 1: 99212

The patient's convalescence to that point is reviewed and discussed. The dressings are removed and the surgical site is evaluated. The drain output is assessed, and the drain suture and drain are removed, if appropriate. Pain control and antibiotic usage is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated. The recipient site wound is redressed.

Post Op Visits 2 - 8: 99213

Each of these visits is related to the incremental filling of the tissue expander typically starting at 3-4 weeks post-operative and occuring on a weekly basis. At each visit, the surgical site is evaluated for infection and skin compromise. Overall patient recovery is reviewed including signs of infection, pain control, and general recovery. If the surgical site is healing appropriate and the skin is not compromised, then an expansion is performed. For each expansion, the patient is positionined appropriately in the office chair. The fill port for the expander is prepped and draped. A sterile set-up for expansion is prepared including the filling of a syringe with sterile normal saline from an IV bag. A time-out is performed. The fill port is then accessed and the saline is slowly injected into the expander which starts to strech the overlying soft tissues. The amount injected in a clinic visit is determined by the site, laxity of the tissues, appearance of the overlying skin, and patient tolerance. The needle used to acces the fill port is removed, compression is held on the site, and a dressing is placed. This procedure is repeated weekly until the desired amount of expansion has been achieved.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	11960					
Sample Size:	1000	**Resp N:**	31			
Description of Sample:	A random sample of society membership who have self identified as reconstructive surgeons.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	3.00	20.00	
Survey RVW:	8.00	12.40	**14.00**	17.03	50.00	
Pre-Service Evaluation Time:			**37.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	15.00	60.00	**90.00**	110.00	270.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**177.00**	99211x **0.00** 12x **1.00** 13x **7.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	11960	**Recommended Physician Work RVU: 12.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	177.00	99211x **0.00** 12x **1.00** 13x **7.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64911	090	14.00	**RUC Time**

CPT Descriptor Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64912	090	12.00	**RUC Time**

CPT Descriptor Nerve repair; with nerve allograft, each nerve, first strand (cable)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63047	090	15.37	**RUC Time**	101,669

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	8,490

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 32.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 11960	Top Key Reference CPT Code: 64911	2nd Key Reference CPT Code: **64912**
Median Pre-Service Time	51.00	58.00	58.00
Median Intra-Service Time	90.00	110.00	90.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	177.0	85.00	85.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**357.00**	**292.00**	**272.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	40%	40%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	30%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	50%	30%	20%
Physical effort required	0%	30%	70%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	37%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	38%	25%	37%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	87%	13%	0%
Physical effort required	13%	37%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	38%	12%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction. After further review by the RUC, attention was paid to code 11960 due to the proximity of the code in the CPT book to codes included in the CPT changes for breast reconstruction although 11960 is a procedure completely unrelated to breast reconstruction. ASPS review of CPT code 11960 after the April 2019 RUC meeting identified two issues. First, the primary service had transitioned to Hand/Ortho and the primary diagnosis was now neuropathy. ASPS believed this was due to miscoding for a carpal tunnel procedure using a balloon that is completely different than the intended placement of a tissue expander with post-operative expansion for recruitment of soft tissue. A Code Change Application was presented at the September 2019 CPT Editorial Panel Meeting to add parentheticals directing appropriate usage and to prevent the usage of the code for a carpal tunnel procedure. The same parenthetical also limited the coding of 11960 with 11971 (removal of tissue expander(s) without insertion of prosthesis) since placement of a new expander would inherently include the work of removal of a prior expander if present. In addition, 11960 was potentially misvalued with a negative IWPUT. It was previous discussed that after the CPT Editorial Panel Meeting, 11960 would be resurveyed. Up until 2014, the primary specialty that has used this code has been plastic surgery. On review of the RUC database for both orthopedic and plastic surgery, the volume of hand surgery has increased since 2013 with orthopedics becoming the primary specialty in 2014. With the changes made at CPT to prevent the in appropriate usage in carpal tunnel surgery, plastic surgery is expected to become the dominant specialty again. The CPT changes made are outlined below:

CPT 11960	Descriptor
Previous	Insertion of tissue expander(s) for other than breast, including subsequent expansion (For breast reconstruction with tissue expander(s), use 19357)
Updated	Insertion of tissue expander(s) for other than breast, including subsequent expansion (Do not report 11960 in conjunction with 11971, 29848, 64702-64726) (For insertion of tissue expander(s) in breast reconstruction, use 19357)

Code 11960 was last RUC surveyed in August 1995.

Compelling Evidence

We believe there is compelling evidence for this code due to flawed methodology and a previous negative IWPUT. The negative IWPUT was generated based on previous survey data and still persists despite increased wRVU over time.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 14.00, the survey 50th percentile based on comparison to other similarly valued codes. We are cognizant of the potential concerns of misuse for this code given the recent history of being used inappropriately in carpal tunnel syndrome as previously highlighted to the RUC. Although we led changes to the code through the CPT Editorial process to prevent this misuse, it is understandable the concerns may still exist moving forward. However, this code was previously misvalued as evidenced by a negative IWPUT and even with attribution of the decreased post-operative times from our survey compared to current, the 50th percentile recommendation matches best with comparative codes.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 33 minutes of evaluation time which is the package time, but a decrease of 4 minutes from our survey data.

Positioning time – We are recommending the 3 minutes of positioning time that is part of the package which is a decrease of 12 minutes from our survey time.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which matches the package and our survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	**0.072**	**12.00**	**272**	58	**90**	20	0.5		3	1
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	**0.052**	**14.00**	**357**	51	**90**	20	0.8		7	1
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	**0.077**	**14.00**	**292**	58	**110**	20	0.5		3	1

Overall, both KRCs are borderline matches compared to CPT 11960. The intra-time is the same as Code 64912 and 20 minutes less than Code 64911. However, the total time for CPT 11960 is much greater than the total time for the KRCs by 85 minutes and 65 minutes respectively. We believe part of this poor matching is due to lack of any codes with the same post-time procedural component that matches what is required of tissue expansion.

MPC Comparison Codes:

There are a limited number of MPC codes with an intra-time of 90 that also have significant post-time. In order to identify two MPC codes for comparison, the RUC database was searched for MPC, 90 day global, IT 75-105, and TT 325-385.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99213	99212
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	**0.052**	**14.00**	**357**	51	**90**	20	0.5			7	1
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	**0.0774**	**15.37**	**362**	75	**90**	30	1	1	1	3	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	**0.1057**	**17.75**	**337**	80	**103**	30	1	1		2	

Code 11960 with an wRVU at the 25th percentile (wRVU 12.40) demonstrates that the code is likely still undervalued based on current times. While the intra-times and total times are very similar, Code 11960 has significantly lower wRVUs, -2.97 and -5.35wRVU, compared to MPC 63407 and MPC 37125. Even at the 50% percentile (14.00 wRVU), Code 11960 would still have lower wRVU compared to the two selected MPC codes, but the fit would be better given the difference in total times is outpatient compared to partial inpatient care.

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed < 10yrs, 90 day global, IT=90, TT 327-387 – there are 4 codes. Code 11960 at the 50th percentile (wRVU 14.00), would still be **4th highest out of 5** as noted in the table below. Comparison code 65285 is the code most similar to 11960 given the same intratime, post-time, and number of post-operative visits. At the 50% percentile, code 11960 is still -1.36 wRVU less than 65285 which has similar post-operative visits.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99213	99212
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	**0.0510**	**12.38**	**334**	56	**90**	25	1		1	3	1
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	**0.052**	**14.00**	**357**	51	**90**	20	0.5			7	1
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	**0.0743**	**15.36**	**353**	60	**90**	30	0.5			6	1
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	**0.0774**	**15.37**	**362**	75	**90**	30	1	1	1	3	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartments	**0.1088**	**17.48**	**345**	75	**90**	20	1	1	1	2	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11960

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3x the Medicare Population

Specialty Plastic Surgeons Frequency 2280 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 760 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11960

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Tisse Expander, Other than Breast

TAB: 4

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	64911	90	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve		0.077			14.00			292	33	10	15			110			20						0.5				3	1							
2nd REF	64912	90	Nerve repair; with nerve allograft, each nerve, first strand (cable)		0.072			12.00			272	33	10	15			90			20						0.5				3	1							
CURRENT	11960	90	Insertion of tissue expander(s) for other than breast, including subsequent expansion		-0.009			11.49			444	60					78			30						1.0			4	2	2							
SVY	11960	90	Insertion of tissue expander(s) for other than breast, including subsequent expansion	31	0.056	8.00	12.40	14.00	17.03	50.00	354	37	15	15	15	60	90	110	270	20									7	1			0	0	1	3	20
REC	11960	90	Insertion of tissue expander(s) for other than breast, including subsequent expansion		0.035			12.40			357	33	3	15			90			20						0.5				7	1							

FACILITY DIRECT PE INPUTS **CPT CODE(S): 11960**
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S):
Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
11960	A 67 year old male with a history of traumatic scalp loss and unstable skin graft to his cranium presents for reconstruction. There is not sufficient scalp for primary reconstruction. Tissue expansion is planned to recruit additional scalp and allow for excision of the previous skin graft.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for 11960.

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   We are requesting an INCREASE in practice expense. This increase is based on the addition of the tissue expansion kits (SA 108) that were not previously included in the PE. We believe this lack of inclusion is consistent with flawed methodology as the appropriate kit required for tissue expansion was not included in the previous valuation nor are there the typical supplies that would have been used for the expansion. We have also

add the use of a camera for post-operative photographs which is standard of care for most reconstructive procedures. The addition of a camera is a change in technology and we believe also meets compelling evidence.

We have changed the PE recommendations for this code to follow the same principles of standardization that we used for the other four families of codes being evaluated due to the significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies for these visits, we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) to account for two 10 minutes session of post-operative photographs obtained during the global period.

In addition, for this code we have include the kit, tissue expansion (SA 108) for the 7 post-op visits involving the actual tissue expansion. We have deleted all other supplies.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes alloted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

For the visits involving tissue expansion, the clinical staff work includes all of the above along with gathering of the appropriate supplies need for the expansion procedure and providing assistance to the physician during the procedure while also acting as a chaperone if needed.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):
   N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
   N/A

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    N/A

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	

gloves, sterile	pair	1
steri-strip (6 strip uou)	item	2
swab-pad, alcohol	item	2
tape, surgical paper 1in (Micropore)	inch	12
tincture of benzoin, swab	item	1

We have selected to use SA108 (Kit, tissue expansion) to cover the supplies involved with filling a tissue expander during a clinic visit. This was the item used during the previous PE valuation and we assumed that it contained the appropriate items as the title of the kit is very clear about usage. However, the itemization of this kit is not available online nor through AMA staff (via email discussion). Thus, we were asked to provide a list of what we believe should be in that kit below:

SJ041	povidone soln (Betadine)	ml	0.137
SB007	drape, sterile barrier 16in x 29in	item	0.502
SB024	gloves, sterile	pair	0.875
SB001	cap, surgical	item	0.6745
	250ml bag of saline		
SD212	tubing, sterile, connecting (fluid administration)	item	1.54
SC049	stop cock, 3-way	item	1.1075
SC056	syringe 50-60ml	item	1.0055
SC030	needle, 19-25g, butterfly	item	0.669
SG021	bandage, strip 0.75in x 3in (Bandaid)	item	0.2265

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**			
2						**CPT Code 11960**		**CPT Code11960**			
3		***RUC Collaboration Website***				Insertion of tissue expander(s) for other than breast, including subsequent expansion		Insertion of tissue expander(s) for other than breast, including subsequent expansion			
4	**Clinical Activity Code**	**Meeting Date: Revision Date (if applicable): Tab: Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**		
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 201.82**	**$ -**	**$ 221.14**		
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**404.0**	**0.0**	**345.0**		
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**		
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**		
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**338.0**	**0.0**	**279.0**		
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 149.48**	**$ -**	**$ 127.65**		
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
42			L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**		
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**		
87		99211 16 minutes	16								
88		99212 27 minutes	27				2		1		
89		99213 36 minutes	36				2		7		
90		99214 53 minutes	53				4				
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**338.0**	**0.0**	**279.0**		
93			L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**			
2						**CPT Code 11960**		**CPT Code11960**			
3		***RUC Collaboration Website***				Insertion of tissue expander(s) for other than breast, including subsequent expansion		Insertion of tissue expander(s) for other than breast, including subsequent expansion			
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**		
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 201.82**	**$ -**	**$ 221.14**		
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**404.0**	**0.0**	**345.0**		
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**		
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**		
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**338.0**	**0.0**	**279.0**		
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 48.77**	**$ -**	**$ 87.61**		
102	SA031	kit, suture removal	1.347	kit			8		0		
103	SA048	pack, minimum multi-specialty visit	3.0815	pack			8		8		
104	SG017	bandage, Kling, non-sterile 2in	1.0065	item			8				
105	SG035	dressing, 3in x 4in (Telfa, Release)	0.097	item			8				
106	SG055	gauze, sterile 4in x 4in	0.1745	item			16				
107	SJ028	hydrogen peroxide	0.0215	ml			80				
108	SA054	pack, post-op incision care (suture)	4.7635	pack					1		
109	SA108	kit, tissue expansion	8.313	kit					7		
110		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*									
112	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 3.57**	**$ -**	**$ 5.89**		
114	EQ168	light, exam	1431.5035		0.003798819		338		279		
115	EF023	table, exam	3037.9485		0.006757594		338				
116	ED005	camera, digital system, 12 megapixel (medical grade)	4589.081		0.018182839				20		
117	EF031	table, power	6030.2		0.016002488				279		
118											
119											
120		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**									
2										
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**								
5		**LOCATION**								
6		**GLOBAL PERIOD**								
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**								
8		**TOTAL CLINICAL STAFF TIME**								
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**								
13		**PRE-SERVICE PERIOD**								
14		**Start: Following visit when decision for surgery/procedure made**								
15	CA001	Complete pre-service diagnostic and referral forms								
16	CA002	Coordinate pre-surgery services (including test results)								
17	CA003	Schedule space and equipment in facility								
18	CA004	Provide pre-service education/obtain consent								
19	CA005	Complete pre-procedure phone calls and prescription								
20	CA006	Confirm availability of prior images/studies								
21	CA007	Review patient clinical extant information and questionnaire								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)								
23										
26		*Other activity: please include short clinical description here and type*								
29		**End: When patient enters office/facility for surgery/procedure**								
30		**SERVICE PERIOD**								
31		**Start: When patient enters office/facility for surgery/procedure:**								
32		**Pre-Service (of service period)**								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are								
34	CA010	Obtain vital signs								
35	CA011	Provide education/obtain consent								
36	CA012	Review requisition, assess for special needs								
37	CA013	Prepare room, equipment and supplies								
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
41	CA017	Sedate/apply anesthesia								
42										
45		*Other activity: please include short clinical description here and type*								
48		**Intra-service (of service period)**								
49	CA018	Assist physician or other qualified healthcare professional---directly								
50	CA019	Assist physician or other qualified healthcare professional---directly								
51	CA020	Assist physician or other qualified healthcare professional---directly								
52	CA021	Perform procedure/service---NOT directly related to physician work time								
55										
56		*Other activity: please include short clinical description here and type*								
59		**Post-Service (of service period)**								
60	CA022	Monitor patient following procedure/service, multitasking 1:4								
61	CA023	Monitor patient following procedure/service, no multitasking								
62	CA024	Clean room/equipment by clinical staff								
63	CA025	Clean scope								
64	CA026	Clean surgical instrument package								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports								
67	CA029	Check dressings, catheters, wounds								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,								
69	CA031	Review examination with interpreting MD/DO								
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to								
71	CA033	Perform regulatory mandated quality assurance activity (service period)								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry								
73	CA035	Review home care instructions, coordinate visits/prescriptions								
74	CA036	Discharge day management								
75										
78		*Other activity: please include short clinical description here and type*								
81		**End: Patient leaves office/facility**								
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
84	CA037	Conduct patient communications								
85	CA038	Coordinate post-procedure services								
86		***Office visits: List Number and Level of Office Visits***								
87		99211 16 minutes								
88		99212 27 minutes								
89		99213 36 minutes								
90		99214 53 minutes								
91		99215 63 minutes								
92	CA039	Post-operative visits (total time)								
93										
96		*Other activity: please include short clinical description here and type*								
99		**End: with last office visit before end of global period**								

	A	B	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**									
2										
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**								
5		**LOCATION**								
6		**GLOBAL PERIOD**								
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**								
8		**TOTAL CLINICAL STAFF TIME**								
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**								
100	**Supply Code**	**MEDICAL SUPPLIES**								
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**								
102	SA031	kit, suture removal								
103	SA048	pack, minimum multi-specialty visit								
104	SG017	bandage, Kling, non-sterile 2in								
105	SG035	dressing, 3in x 4in (Telfa, Release)								
106	SG055	gauze, sterile 4in x 4in								
107	SJ028	hydrogen peroxide								
108	SA054	pack, post-op incision care (suture)								
109	SA108	kit, tissue expansion								
110		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*								
112	**Equipment Code**	**EQUIPMENT**								
113		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**								
114	EQ168	light, exam								
115	EF023	table, exam								
116	ED005	camera, digital system, 12 megapixel (medical grade)								
117	EF031	table, power								
118										
119						10	6,030.20	0.5	150000	#VALUE!
120		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service /090-Day Post-Operative Visits

January 2020

Breast Implant/Expander Placement – Tab 5

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen codes to provide descriptor clarification of any overlap in physician work for breast reconstruction services. In the CPT coding changes application, the specialty stated that this change is editorial and does not involve a change in work. At the April 2019 RUC meeting, the RUC agreed that the seventeen breast reconstruction services should be surveyed for the October 2019 RUC meeting. Codes 11960, 19316, 19350, 19355, and 19396 were also included as being part of the same code family. Based on the change in the typical patient for CPT code 11971 and multiple Harvard valued codes, the RUC agreed that all twenty-two of these services be surveyed, contrary to the specialty initial recommendation that these changes are editorial only and do not require surveying. At that time, the RUC had recommended surveying all twenty-two codes for the October 2019 RUC meeting.

At the October 2019 RUC meeting, the specialty elected to survey two of the codes and send a third code to CPT for revision. The specialty noted that the designation of a single 22 code family was too broad, and that the family categorization should be more granular than surgical procedures for the repair and/or reconstruction of the same anatomic region. The specialties proposed 8 families of services to the RUC noting that this categorization assign similar procedures together and ensures that the survey process is effective. The RUC concurred with the more granular classification of families that group analogous procedures together. Furthermore, the specialty indicated, and the RUC agreed, that three of the code families, autologous reconstruction, nipple procedures and moulage formation were not identified by any RAW screens, had no change to their work from CPT revisions and had no obvious flaws to their valuation (i.e., a site of service valuation issue), and therefore would not need to be reviewed at this time. The RUC agreed that, although the specialty societies had conducted surveys of code 11970 and 11971 for October 2019, these services should be resurveyed with their newly identified respective code families. In October 2019, the RUC reviewed these family of services with the specialty societies and agreed that these services would be surveyed for physician work and practice expense in January 2020. The *Breast Implant/Expander Placement* code family was one of the code families identified by the RUC for review for the January 2020 RUC meeting.

In addition, codes 19340 and 19357 were identified via the Site of Service Anomaly screen. Services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. Code 19357 was also identified via the 090-Day Global Codes with >6 office visits based on 2018 estimated Medicare utilization > 1,000 screen.

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11970 ***Replacement of tissue expander with permanent implant***
The RUC reviewed the survey results from 43 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 12 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 1 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT 0.041 for the current times is inappropriately low for this relatively intense major surgical procedure, which strongly implies the current times are inflated relative to the current work RVU and not valid for comparison to the new times.

The RUC reviewed the survey 25th percentile work RVU of 10.26 and agreed that this value overstates the amount of physician work involved. To determine an appropriate work RVU, the RUC compared the survey code to CPT code 26262 *Radical resection of tumor, distal phalanx of finger* (work RVU= 8.29, intra-service time of 60 minutes, total time of 212 minutes) and noted that both services involve identical intra-service times and similar total times and the survey code was slightly less intense. The RUC also compared the survey code to MPC code 50590 *Lithotripsy, extracorporeal shock wave* (work RVU of 9.77, intra-service time of 60 minutes, total time of 207 minutes) and noted that both services have identical intra-service times and similar total times, however the reference code is a more intense service to perform. Following the review of these and other reference codes, the RUC agreed that it would be appropriate to maintain the current value of 8.01 for the survey code. **The RUC recommends a work RVU of 8.01 for CPT code 11970.**

19325 ***Breast augmentation with implant***
The RUC reviewed the survey results from 45 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 12 minutes for pre-service scrub/dress/wait, 60 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit and 4 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. The RUC noted that the drop in intra-service time and total time does not necessarily warrant a change in value for the survey code. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT 0.052 for the current times is low for this relatively intense major surgical procedure, which strongly implies the current times are inflated relative to the current work RVU and not valid for comparison to the new times.

The RUC reviewed the survey 25th percentile work RVU of 10.00 and agreed that this value overstates the amount of physician work involved. Therefore, the RUC compared the survey code to CPT code 37761 *Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg* (work RVU= 9.13, intra-service time of 60 minutes, total time of 224) and noted that both services have an identical amount of intra-service time and similar total time. The RUC also compared the survey code to MPC code 33207 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular* (work RVU= 7.80, intra-service time of 60 minutes, total time of 233.5

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minutes) and noted that although both services have identical intra-service time, the survey code is a more intense service to perform. Following the review of these and other reference codes, the RUC agreed that it would be appropriate to maintain the current value of 8.64 for the survey code. The RUC also noted that although 19325 has the same intra-service time as 11970, it also includes the additional work of creating a pocket versus 11970 where there already is an expander and the pocket has already been created prior to this procedure. CPT code 19325 also includes more total time and it is appropriate to value this as somewhat higher. **The RUC recommends a work RVU of 8.64 for CPT code 19325.**

19340 ***Insertion of breast implant on same day of mastectomy (ie, immediate)***
The RUC reviewed the survey results from 44 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 14 minutes for pre-service scrub/dress/wait, 80 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 2 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The RUC reviewed the survey 25th percentile work RVU of 14.25 and agreed that this value overstates the amount of physician work involved. The RUC agreed that a direct crosswalk to CPT code 36831 *Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)* (work RVU= 11.00, intra-service time of 85 minutes, total time of 248, RUC reviewed in 2013) would be appropriate, noting that both services involve an identical amount of physician work and similar times and therefore should be valued the same. The RUC agreed with the specialty that the work for 19342 to 19340 are similar and should be valued the same. CPT code 19342 is a more intense service as it also involves the additional work to recreate the mastectomy defect; this is appropriately reflected in the higher IWPUT relative to 19340 (0.079 vs. 0.072). The RUC also reviewed reference codes 64910 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve* (work RVU= 10.52, intra-service time of 75 minutes, total time of 257 minutes) and code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU= 11.90, intra-service time of 75 minutes, total time of 233 minutes) and agreed that they appropriately bracketed the recommended times and value for survey code 19340. **The RUC recommends a work RVU of 11.00 for CPT code 19340.**

19342 ***Insertion or replacement of implant on separate day from mastectomy***
The RUC reviewed the survey results from 43 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 12 minutes for pre-service scrub/dress/wait, 80 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 1 99213 post-operative office visit and 3 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The RUC reviewed the survey 25th percentile work RVU of 14.39 and agreed that this value overstates the amount of physician work involved. The RUC agreed that a direct crosswalk to CPT code 36831 *Thrombectomy, open, arteriovenous fistula without revision, autogenous or*

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nonautogenous dialysis graft (separate procedure) (work RVU= 11.00, intra-service time of 85 minutes, total time of 248, RUC reviewed in 2013) would be appropriate, noting that both services involve an identical amount of physician work and similar times and therefore should be valued the same. The RUC agreed with the specialty that the work for 19342 to 19340 are similar and should be valued the same. CPT code 19342 is a more intense service as it also involves the additional work to recreate the mastectomy defect; this is appropriately reflected in the higher IWPUT relative to 19340 (0.079 vs. 0.072). The RUC also reviewed reference codes 64910 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve* (work RVU= 10.52, intra-service time of 75 minutes, total time of 257 minutes) and code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU= 11.90, intra-service time of 75 minutes, total time of 233 minutes) and agreed that they appropriately bracket the recommended times and value for survey code 19340. **The RUC recommends a work RVU of 11.00 for CPT code 19342.**

19357 *Tissue expander placement in breast reconstruction, including subsequent expansion(s)*
The RUC reviewed the survey results from 44 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 90 minutes for intra-service time, 23 minutes for immediate post-time, 0.5 99238 discharge visit, 5 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. The first post-operative visit is to change dressings, remove the drain and evaluate the patient. Visits two through six of the post-operative visits are related to the incremental filling of the tissue expander typically starting at 3-4 weeks post-operative and occurring on a weekly basis. The seventh visit would typically occur one month following the completion of the expansion.

The RUC reviewed the survey 25th percentile work RVU of 17.95 and agreed that this value overstates the amount of physician work involved. The RUC agreed that a direct crosswalk to CPT code 65285 *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue* (work RVU= 15.36, intra-service time of 90 minutes, total time of 353 minutes, last reviewed in 2011). The RUC noted that both services have identical intra-service times, similar total times and involve the same amount of physician work. The RUC also compared this code to MPC code 19303 *Mastectomy, simple, complete* (work RVU= 15.00, intra-service time of 90 minutes, total time of 283) and noted that both services involve identical intra-service time, though the survey code involves much more total time. The RUC also compared this code to non-breast tissue expander code 11960 reviewed at this meeting and noted that 19357 is more intense and complex to perform due to the additional more intense work of going beneath the muscle which is not required for the typical patient for 11960. **The RUC recommends a work RVU of 15.36 for CPT code 19357.**

Practice Expense
The Practice Expense Subcommittee made a revision to account for the reduction in discharge time to a half-day discharge. The Practice Expense Subcommittee changed the exam table to a power table for each code which is typical for this specialty. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repair (Closure) **Other Flaps and Grafts**				
●*15769*		*Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)* *(For injection[s] of platelet-rich plasma, use 0232T)*		
●*15771*		*Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate* *(Report 15771 only once per session)*		
+●*15772*		*each additional 50cc injectate, or part thereof (List separately in addition to code for primary procedure)* *(Use 15772 in conjunction with 15771)*		
Breast **Repair and/or Reconstruction**				
		Breast reconstruction is performed to repair defects due to congenital anomaly or loss of breast tissue after a surgical excision. The goal of breast reconstruction is to correct the anatomic defect and to restore form and breast symmetry. A breast can be reconstructed using a single technique or a combination of techniques, and each technique can stand alone. Additionally, both breasts may be reconstructed at the same time, but may use different techniques or a combination of techniques. In many instances breast reconstruction requires more than one planned procedure or may require revisions. The native breast may be altered using different techniques. The breast and breast mound can be lifted with a mastopexy (19316), reduced in volume with a breast reduction (19318), or augmented with a breast implant (19325). Post-mastectomy breast reconstruction may be performed using a variety of techniques. An implant-based reconstruction involves placement of a device filled with fluid (eg, saline, silicone gel) to provide volume to the breast. In immediate reconstruction, an implant is placed primarily at the time of a mastectomy (19340). In delayed reconstruction, an implant is placed at any date separate from the mastectomy (19342). This includes placement of		

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any new implant or replacement of an existing implant within the mastectomy defect or reconstructed breast. The removal of an intact breast implant for replacement is included in 19342.

A breast implant cannot always be placed due to the lack of an adequate skin envelope. Code 19357 describes insertion of a tissue expander which is a device that is surgically implanted to create an adequate sized pocket for subsequent insertion of a permanent implant. A tissue expander is an inflatable device placed beneath the skin and chest muscle, into which saline is injected over a period of weeks in the office to create the implant pocket. The tissue expander is eventually removed and may be replaced with a permanent breast implant (11970). Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately when performed with flap reconstruction (19361, 19364, 19366, 19367, 19368,19369).

Code 11970 describes the removal of a tissue expander with concurrent insertion of a permanent breast implant. Code 11970 includes removal of the expander, minor revisions to the breast capsule and placement of the new breast implant. Code19370 may be reported in addition to 11970 if more extensive capsular revision is performed. Code 11971 describes the removal of a tissue expander without replacement of an expander or implant.

Autologous breast reconstruction involves harvesting a flap of skin, subcutaneous fat and/or muscle from one area of the body and relocating the tissue to the anterior chest to create a new breast mound. Flap reconstruction may be performed at the time of mastectomy or in a delayed fashion depending on patient preference and other oncologic treatments.

Code 19361 describes breast reconstruction with a flap composed of the latissimus dorsi muscle including some of the overlying skin and subcutaneous fat to reconstruct the breast mound. This flap is left on its vascular pedicle and tunneled beneath the armpit skin to the anterior chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the axilla. To give the breast mound additional volume, a tissue expander or permanent breast implant may be placed beneath the latissimus flap. Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately.

Code 19364 describes a microsurgical free tissue transfer of skin, and subcutaneous fat and/or muscle for breast reconstruction. This code includes the flap harvest, microsurgical anastomosis of one artery and two veins with use of an operating microscope, flap inset as a breast mound, and donor site closure. Typical free flaps include free transverse rectus abdominis myocutaneous (fTRAM), deep inferior epigastric perforator (DIEP), superficial inferior epigastric artery (SIEA), or gluteal artery perforator (GAP) flaps.

Code 19367 describes a single pedicled transverse rectus abdominis myocutaneous (TRAM) flap, where skin, subcutaneous fat, and a large portion of the rectus abdominis muscle from the lower abdomen is moved beneath the upper abdominal wall skin up to the chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the abdomen.

Code 19368 describes "supercharging" of a single pedicled TRAM flap. This is typically performed to increase blood flow in TRAM flaps with marginal circulation to ensure flap survival. In addition to the standard unipedicle TRAM procedure, the inferior epigastric artery and/or veins are also anastomosed to recipient vessels in the chest using microsurgical techniques.

Code 19369 describes a bipedicled TRAM flap in which skin, subcutaneous fat and both rectus muscles are harvested for the reconstruction of a single breast. The dual blood supply to the flap is left attached to its origins in the abdomen.

Secondary and ancillary breast reconstruction procedures include nipple reconstruction (19350), implant adjustments through revisions to the breast capsule (19370), or removal of the entire breast capsule via a complete capsulectomy (19371) to achieve correct breast tissue positioning. In addition,

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procedures may be performed on the contralateral breast to create symmetry (19316, 19318, 19325). Removal of an intact breast implant without replacement is reported with 19328. Removal of a ruptured breast implant, including the implant contents, is reported with 19330. A complete capsulectomy (19371) includes removal of the breast implant and all intracapsular contents.

Code 19380 describes a revision of a reconstructed breast, including significant excision of tissue re-advancement or re-inset of flaps. For autologous reconstruction, this code is inclusive of revisions of the flap position on the chest wall, removal of portions of the flap (via direct excision or liposuction), re-shaping of the flap, or scar revisions. However, if a limited procedure is performed with a defined code (eg, scar revision) then the more specific code should be used. The placement of a new implant (19342) or autologous fat grafting for increased volume (*15771, 15772*) may be separately reportable. For implant-based reconstruction, 19380 is inclusive of revisions to the skin and capsule when performed together. The exchange for a new or different size/shape/type of implant (19342) or autologous fat grafting for increased volume/contour irregularities *(15771, 15772*) may be separately reportable. Nipple reconstruction is reported with 19350 and includes local flaps (14000,14001), areolar skin grafting (15100, 15200, 15201), and subsequent tattooing (11920, 11921, 11922).

Code 19396 describes the formation of a moulage cast of a patient's chest defect. The mold is used to fabricate a specific, custom made implant that fits the patient's defect.

(To report bilateral procedures, report modifier 50 with the procedure code)

(For biological implant for soft tissue and/or breast implant reinforcement, use 15777 in conjunction with the primary procedure)

▲11970	A2	Replacement of tissue expander with permanent ~~prosthesis~~ implant	090	8.01 (No Change)
~~D~~19324	-	~~Mammaplasty, augmentation; without prosthetic implant~~ (19324 has been deleted. To report breast augmentation with fat grafting, see *15771, 15772*)	~~090~~	N/A (2020 work RVU = 6.80)
▲19325	A3	Breast augmentation with ~~prosthetic~~ implant (For ~~flap or~~ fat grafting performed in conjunction with 19325, see *15771*, *15772*, ~~use also appropriate number~~)	090	8.64 (No Change)
▲19340	A4	~~Immediate~~ Iinsertion of breast implant ~~prosthesis following mastopexy, mastectomy or in reconstruction~~ on same day of mastectomy (ie, immediate) ~~for~~	090	11.00

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▲19342	A5	~~Delayed i~~Insertion or replacement of breast ~~prosthesis following mastopexy, mastectomy or in reconstruction~~ implant on separate day from mastectomy ~~*(For preparation of custom breast implant, use 19396)*~~ (Do not report 19342 in conjunction with 19328 with for removal of implant in same breast) (For removal of tissue expander and replacement with breast implant, use 11970) *(For supply of implant, use 99070)*	090	11.00
▲19357	A6	~~Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion~~ Tissue expander placement in breast reconstruction, including subsequent expansion(s)	090	15.36

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11970 Tracking Number Original Specialty Recommended RVU: **8.01**
Presented Recommended RVU: **8.01**
Global Period: 090 Current Work RVU: **8.01** RUC Recommended RVU: **8.01**

CPT Descriptor: Replacement of tissue expander with permanent implant

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with a history of right breast cancer who has previously undergone mastectomy and placement of a tissue expander with subsequent expansion now presents for removal of the tissue expander and replacement with a breast implant.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 37% , In the ASC 58%, In the office 5%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 75% , Overnight stay-less than 24 hours 25% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 25%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and measure base dimensions of the breast. The decision between silicone and saline implants is again reviewed with confirmation of patient choice for implant type. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: An incision is performed on the breast followed by a meticulous dissection of the subcutaneous tissues. Hemostasis is obtained. The surgeon performs a capsulotomy to enter the implant pocket, and the tissue expander is then punctured, the saline evacuated, and the device removed from the patient. The surgeon then inspects the surface of the pocket to assess for any abnormalities. The surgeon then places an implant sizer into the pocket and provisionally closes the wound. The surgeon then raises the operating table to assess the shape of the breast under the effects of gravity and to assess the size and symmetry of the implant sizer when compared to the contralateral breast. The volume in the sizer is adjusted based on the desired outcome. Minor capsule work to improve the shape of the pocket may be performed. The patient is then returned to the supine position. The breast incision is then reopened and the implant sizer removed. If the sizer placed originally is determined to be of inappropriate size or contour, then another sizer is opened, and this portion of the case is repeated. Once the appropriate implant is identified, the implant is opened and soaked in reconstituted antibiotic. A closed suction drain is placed if deemed appropriate. The implant pocket is irrigated copiously after removal of the sizer. The operative team then changes their gloves and the patient's chest is painted with betadine paint. The implant is placed into the pocket making sure that it is in the appropriate orientation and using a no skin touch

technique. The pocket is irrigated once again. The patient is raised on the table again to make sure that the implant demonstrates reasonable position and contour. The patient is returned to the supine position, the previous mastectomy scar is excised, and the wound is closed in a layered fashion.

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Discharge Management Visit: Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patient's pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The integrity and viability of the mastectomy site/breast skin is assessed. The position of the implant is assessed as are both the cosmesis of the implant and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two to four weeks post-operatively. The patient's convalescence to that point is reviewed. The breast wound is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position of the implant is assessed with particular attention to the inframammary fold as are both the cosmesis of the implant and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting the post-operative restrictions.

Post op visit 3: 99212
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The surgical site is evaluated. The position of the implant is assessed as are both the cosmesis of the implant and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The next stages of reconstruction are discussed including any necessary revisions and the timing of nipple reconstruction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	11970					
Sample Size:	1000	**Resp N:**	43			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**15.00**	28.00	200.00
Survey RVW:		6.00	10.26	**12.00**	14.50	65.00
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**12.00**		
Intra-Service Time:		30.00	50.00	**60.00**	75.00	100.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	11970	**Recommended Physician Work RVU: 8.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**12.00**	**15.00**	**-3.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64912	090	12.00	**RUC Time**

CPT Descriptor Nerve repair; with nerve allograft, each nerve, first strand (cable)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
24076	090	7.41	**RUC Time**	862

CPT Descriptor 1 Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	56,412

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 32.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 27.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 11970	Top Key Reference CPT Code: 64912	2nd Key Reference CPT Code: **15260**
Median Pre-Service Time	62.00	58.00	28.00
Median Intra-Service Time	60.00	90.00	100.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	55.0	85.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**216.00**	**272.00**	**273.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	21%	36%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	21%	65%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	29%	43%	28%
Physical effort required	7%	0%	93%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	70%	64%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	25%	42%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	8%	75%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	17%	75%
Physical effort required	8%	25%	67%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and editorial revisions to seventeen other codes including CPT 11970. The change made to 11970 was updating the term "prosthesis" to "implant".

CPT 11970	Descriptor

Previous	Replacement of tissue expander with permanent prosthesis
Updated	Replacement of tissue expander with permanent implant

After the April 2019 RUC meeting, the decision was made to survey 11971 (Removal of tissue expander without insertion of implant) due to a negative IWPUT. Code 11970 was included in survey at that time as a potential family with planned presentation at the October RUC meeting. Although a survey was performed and a SOR for 11970 was submitted, after the overall discussion and agreement to develop different families, 11970 was never formally presented. During the October 2019 RUC meeting, it was agreed upon that 11970 would be re-surveyed along with codes 19325, 19340, 19342, and 19357 as part of the "Implant/Expander Placement" family.

Compelling Evidence

We are requesting current value.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 8.01 which is the current value and below the 25th percentile on the survey.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 5 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 12 minutes of scrub, dress and wait time which is a decrease in 3 minutes from the selected pre-service package time based on our survey median.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT Code: 11970

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
11970	Replacement of tissue expander with permanent implant	**0.063**	**8.01**	**216**	**62**	**60**	**20**	0.5	1	2
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	**0.0563**	**11.64**	**273**	**28**	**100**	**30**		5	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	**0.072**	**12.00**	**272**	58	**90**	20	0.5	3	1

Code 11970 with an wRVU at the current value of 8.01 is an acceptable, but difficult comparison with the KRCs selected by our surgeons. Code 11970 as surveyed for this meeting has a significantly shorter intra-time and total time than either KRC. The intra-time differences are 40 and 30 minutes while the total times differences are 57 and 56 minutes. The wRVU for 11970 at current level is also appropriately lower than both KRCs.

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	**0.0432**	**7.41**	**229**	68	**60**	20	0.5	2	1
11970	Replacement of tissue expander with permanent implant	**0.063**	**8.01**	**216**	**62**	**60**	**20**	0.5	1	2
50590	Lithotripsy, extracorporeal shock wave	**0.0908**	**9.77**	**207**	51	**60**	15	0.5	2	1

Code 11970 with an wRVU at current value (8.01) demonstrates reasonable similarity to the two KRC codes selected for comparison although there is an inverse relationship of total time to wRVU across the three codes. All three codes have the same intra-time. Code 11970 has 13 minutes less total time compared to MPC 24076, but is +0.60 greater wRVU. However, Code 11970 has 9 minutes more of total time compared to MPC 50590, but is -1.76 less wRVU.

Additional MPC Codes:

In order to evaluate all relevant MPC codes, a search of the RUC data base for MPC, 90 day global, IT 60, TT 200-230, identified four codes. Code 11970 at current value (wRVU 8.01) would rank **2nd highest out of 5** total codes.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	**0.0314**	**6.36**	**220**	55	**60**	15	0.5	1	3
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	**0.0371**	**6.55**	**222**	53	**60**	35	0.5	1	2
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	**0.0432**	**7.41**	**229**	68	**60**	15	0.5	2	1
11970	Replacement of tissue expander with permanent implant	**0.063**	**8.01**	**216**	**62**	**60**	**20**	0.5	1	2
50590	Frag kidney stone	**0.0908**	**9.77**	**207**	51	**60**	15		2	1

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 60, TT 200-230 reveals 24 codes. Code 11970 at the current value (wRVU = 8.01) would **rank 11th highest out of 25 codes.** A rank ordered table of these codes and wRVUs is below:

CPT CODE	33273	52630	21931	27043	26480	27619	49587	21014	25073
RVU	6.50	6.55	6.88	6.88	6.90	6.91	7.08	7.13	7.13
CPT CODE	28041	23076	24076	33271	28298	11970	26262	28175	43180
RVU	7.13	7.41	7.41	7.50	7.75	8.01	8.29	8.29	9.03
CPT CODE	37761	50590	24164	57240	57250	43284	66174		
RVU	9.13	9.77	10.00	10.08	10.08	10.13	12.85		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11970

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe, based on the patient population, this will be 3x the medicare usage.

Specialty Plastic Surgery Frequency 9000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11970

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19325 Tracking Number Original Specialty Recommended RVU: **8.64**
Presented Recommended RVU: **8.64**
Global Period: 090 Current Work RVU: **8.64** RUC Recommended RVU: **8.64**

CPT Descriptor: Breast augmentation with implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 21-year-old female presents with left mammary hypoplasia. She desires symmetry with the contralateral breast and an augmentation mammoplasty using the appropriate saline filled breast prosthesis in a submuscular position is planned.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 27% , In the ASC 67%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 75% , Overnight stay-less than 24 hours 25% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 67%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and measure base dimensions of the breast. The decision between silicone and saline implants is again reviewed with confirmation of patient choice for implant type. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team

Description of Intra-Service Work: An incision is performed on the breast followed by a meticulous dissection of the subcutaneous tissues to identify the inferior and lateral borders of the pectoralis major muscle. The pectoralis majory muscle is then elevated off the chest wall. Chest wall perforators are cauterized while preserve the native blood supply to the muscle. The inferior insertion on the ribs are transected to allow for a inferior pole fullness. Hemostasis is obtained. The surgeon then places an implant sizer into the pocket and provisionally closes the wound. The surgeon then raises the operating table to assess the shape of the breast under the effects of gravity and to assess the size and symmetry of the implant sizer when compared to the contralateral breast. The volume in the sizer is adjusted based on the desired outcome. The patient is then returned to the supine position. The breast incision is then reopened and the implant sizer removed. If the sizer placed originally is determined to be of inappropriate size or contour, then another sizer is opened, and this portion of the case is repeated. Once the appropriate implant is identified, the selected implant is opened and soaked in reconstituted antibiotic. A closed suction drain is placed if deemed appropriate. The implant pocket is irrigated copiously after removal of the sizer. The operative team then changes their gloves and the patient's chest is painted with betadine paint. The implant is placed into the pocket making sure that it is in the appropriate orientation and using a no skin touch

technique. The pocket is irrigated once again. The patient is raised on the table again to make sure that the implant demonstrates reasonable position and contour. The patient is returned to the supine position and the wound is closed in a layered fashion

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Discharge Management Visit: Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99212
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The breast surgical site is inspected and palpated. The integrity of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting the post-operative restrictions.

Post op visit 4: 99212
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity of the soft tissues are assessed. The position and shape are assessed for both cosmesis and breast symmetry. The implant at this point has likely changed some in position as the soft tissues settle. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19325					
Sample Size:	1000	**Resp N:**	45			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**19.00**	40.00	110.00
Survey RVW:		5.00	10.00	**12.00**	15.00	95.00
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**12.00**		
Intra-Service Time:		25.00	45.00	**60.00**	75.00	180.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**64.00**	99211x **0.00** 12x **4.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19325	**Recommended Physician Work RVU: 8.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**12.00**	**15.00**	**-3.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**64.00**	99211x **0.00** 12x **4.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64910	090	10.52	**RUC Time**

CPT Descriptor Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.80	**RUC Time**	13,145

CPT Descriptor 1 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	56,412

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 22.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 19325	Top Key Reference CPT Code: 64910	2nd Key Reference CPT Code: **15260**
Median Pre-Service Time	62.00	58.00	28.00
Median Intra-Service Time	60.00	75.00	100.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	64.0	85.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**225.00**	**257.00**	**273.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	30%	30%	20%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	50%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	50%	30%	20%
Physical effort required	10%	30%	60%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	30%	60%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	11%	44%	44%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	22%	78%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	22%	78%
Physical effort required	0%	11%	89%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19325. The descriptor for 19325 was updated to reflect current language and ease of understanding by surgeons and coders. In addition, related code 19324 (mammoplasty, augmentation, without

prothetic implant) was deleted due to low volume and unclear indications. The parenthetical previously associated with both 19324 and 19325 was updated to direct use of 15X01 and 15X02 for fat grafting.

CPT 19325	Descriptor
Previous	Mammaplasty, augmentation; with prosthetic implant (for flap or fat graft use also appropriate number)
Updated	Breast augmentation with implant (for fat grafting performed in conjunction with 19325, see 15X01, 15X02)

During the October 2019 RUC meeting, it was agreed upon that 19325 would be surveyed along with codes 11970, 19340, 19342, and 19357 as part of the "Implant/Expander Placement" family.

Compelling Evidence

We are requesting current value for this code.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 8.64, the current value for the code and below the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 4 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 12 minutes of scrub, dress and wait time which is a decrease in 3 minutes from the selected pre-service package time based on our survey median.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
19325	Breast augmentation with implant	**0.096**	**8.64**	**216**	62	**60**	20	0.5			4
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	**0.0661**	**10.52**	**257**	58	**75**	20	0.5		3	1
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	**0.0563**	**11.64**	**273**	28	**100**	30			5	

Code 19325 with an wRVU at current value (8.64) demonstrates marginal similarity to the selected KRC codes. Code 19325 has 53 and 40 minutes less intra-time and 41 and 57 minutes less total time compared to the respective KRCs. However, code 19930 also has significantly lower wRVU.

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99213	99212
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	**0.0470**	**7.80**	**233.5**	42.5	**60**		1	1	1	
19325	Breast augmentation with implant	**0.096**	**8.64**	**225**	62	**60**	20	0.5			4
50590	Lithotripsy, extracorporeal shock wave	**0.0908**	**9.77**	**207**	51	**60**	15	0.5		2	1

Code 19325 with an wRVU at current value (8.64) demonstrates reasonable similarity to the two KRC codes selected for comparison although there is an inverse relationship of total times to wRVUs. Code 19325 has the same intra-time as both MPC codes with slightly different total times. The wRVU at current value for code 19325 fits in between the two selected codes. As seen on the table below with all the possible MPC codes, we opted to not use 49507 as it was RUC-CMS revised.

SEE NEXT PAGE

Additional MPC Codes:

In order to compare to all of the appropriate MPC codes, a search of the RUC data base for MPC, 90 day global, IT 50-70, TT 205-245, provided nine codes. Code 19325 at current value (wRVU = 8.64) would rank **3rd out of 10 codes**. Of note, three of the MPC codes with a lower wRVU are all in the same soft tissue excision. A table including the relevant MPC codes is below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99213	99212
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	**0.0314**	**6.36**	**220**	55	**60**	15	0.5		3	1
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (RUC-CMS Revised)	**0.0371**	**6.55**	**222**	53	**60**	35	0.5		1	2
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	**0.0449**	**7.13**	**214**	60	**58**	15	0.5		2	1
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	**0.0432**	**7.41**	**229**	68	**60**	20	0.5		2	1
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	**0.0455**	**7.66**	**234**	68	**60**	25	0.5		2	1
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	**0.0372**	**7.42**	**237**	60	**60**	20	0.5		2	2
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	**0.0470**	**7.80**	**233.5**	42.5	**60**		1	1	1	
19325	Breast augmentation with implant	**0.096**	**8.64**	**225**	62	**60**	20	0.5			4
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated (RUC-CMS Revised)	**0.0711**	**9.09**	**231**	63	**70**	40	0.5		1	1
50590	Lithotripsy, extracorporeal shock wave	**0.0908**	**9.77**	**207**	51	**60**	15	0.5		2	1

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 50-70, TT 205-245 reveals 38 codes. Code 19370 at the 25th percentile (wRVU = 10.00) would **rank 17th highest out of 39 codes.**

Narrowing the search for codes that are RUC surveyed in the last 10 years, 90 day global, IT 60, TT 60, and TT 215-235 reveals 15 codes. Code 19370 at the25th percentile (wRVU = 10.00) would **rank 5th highest of 16 codes**. It is important to note that within the codes with lower wRVU, seven are all from the same soft tissue excision family. A rank ordered list of the codes and wRVUs is below:

CPT CODE	52630	26480	27619	49587	21014	25073	28041	23076	24076
wRVU	6.55	6.90	6.91	7.08	7.13	7.13	7.13	7.41	7.41
CPT CODE	21556	28298	19325	37761	24164	43284	66174		
wRVU	7.66	7.75	8.64	9.13	10.00	10.13	12.85		

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19325

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utilization is 3x the medicare population.

Specialty Plastic Surgery Frequency 1800 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 600 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19325

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19340 Tracking Number Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.13**
Global Period: 090 Current Work RVU: **13.99** RUC Recommended RVU: **11.00**

CPT Descriptor: Insertion of breast implant on same day of mastectomy (ie, immediate)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with a newly diagnosed breast carcinoma decides to undergo unilateral breast reconstruction utilizing a breast implant immediately following her mastectomy (same operative session, but mastectomy performed by another surgeon). After the mastectomy is completed, her skin envelope is adequate for an immediate implant based reconstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 77% , In the ASC 18%, In the office 5%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 12% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 40%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and identify the planned mastectomy incisions and breast footprint. The patient decision between saline and silicone implants is confirmed. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified including implants. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: Following the completion of a mastectomy, the surgeon assesses the viability of the mastectomy skin flaps and excises any obviously non-viable tissue or skin. Assuming a viable skin envelope remains, the surgeon elevates the pectoralis major muscle off the chest wall by dissecting along the lateral edge of the muscle and developing a plane of dissection under the pectoralis major. The pectoralis minor muscle is identified and separated from the pectoralis major, leaving it attached to the chest wall. Perforating vessels from the chest wall to the muscle are cauterized. The dissection is carried superiorly to the level of the clavicle, inferiorly to the origin of the muscle, and medially to the lateral sternal border. The medial row of perforating vessels supplying the pectoralis muscle may require cauterization, however, the thoracoacromial pedicle to the pectoralis major is kept intact. At the lateral border of the pectoralis muscle, the serratus anterior muscle is incised and elevated off the chest wall for a short distance. In cases requiring the use of an acellular dermal matrix inferiorly, the pectoralis major muscle may be divided inferiorly off the costal margin to allow for placement of the acellular dermal matrix. The lower lateral border of the pectoralis muscle is then sutured to the lateral chest wall or acellular dermal matrix to complete the pcoket. The width of the subpectoral

pocket is measured, and the proper implant sizer is selected. It is placed into the pocket and filled to the intended volume. The soft tissues are tailor tacked closed. The patient is transitioned to a sitting position and revisions are performed to the pocket, sizer volume/shape, and soft tissues until the desired result is achieved. The mastectomy skin flaps are evaluated again with regard to viability and any clearly non-viable skin is removed. The patient is returned to the supine position and the sizers are removed. The subpectoral pocket is rinsed with antibiotic irrigation and meticulous hemostasis is achieved. After preparing the skin, the selected implant is obtained and placed in the pocket with a no skin touch technique. The pectoralis muscle is sewn to the serratus or acellular demral matrix. Drains are placed in the wound and brought out through separate stab incisions and secured with sutures. Any additional skin revisions are performed to optimize the shape of the breast. The skin edges are then closed in layers. Sterile dressings are then applied

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written. Medications for overnight observation or admission are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Discharge Management Visit: The patient is typically (88% based on survey) is monitored until the next day. The patient is re-examined for surgical site complications and orders are advanced for the day. Discharge medications are reconciled and prescriptions are written. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are reviewed

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slow lifting of post-operative restrictions.

Post op visit 4: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The next stages of reconstruction are discussed including any necessary revisions and the timing of nipple reconstruction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19340					
Sample Size:	1000	**Resp N:**	44			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**9.00**	17.00	100.00
Survey RVW:		8.00	14.25	**16.50**	22.00	45.00
Pre-Service Evaluation Time:				**60.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**14.00**		
Intra-Service Time:		30.00	60.00	**80.00**	93.00	230.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19340	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**14.00**	**15.00**	**-1.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19303	090	15.00	**RUC Time**

CPT Descriptor Mastectomy, simple, complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15736	090	17.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60220	090	11.19	**RUC Time**	7,919

CPT Descriptor 1 Total thyroid lobectomy, unilateral; with or without isthmusectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58720	090	12.16	**RUC Time**	1,970

CPT Descriptor 2 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 22.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 20.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 19340	Top Key Reference CPT Code: 19303	2nd Key Reference CPT Code: **15736**
Median Pre-Service Time	64.00	58.00	72.00
Median Intra-Service Time	80.00	90.00	150.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	78.0	86.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**261.00**	**283.00**	**396.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	30%	40%	30%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	40%	50%
Physical effort required	10%	40%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and	0%	30%	70%

judgment of physician
- Estimated risk of malpractice suit with poor outcome

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	63%	37%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	75%	12%
Physical effort required	38%	50%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	63%	13%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19340. The changes made to 19340 were made to clarify the definition of "immediate" to reflect the relationship to the timing of the mastectomy. Although in plastic surgery text, the terms immediate versus delayed have general been in relationship to a mastectomy, the previous code descriptor included other scenarios that caused confusion with surgeons and coders.

CPT 19340	Descriptor
Previous	Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction

Updated	Insertion of breast implant on the same day of mastectomy (ie, immediate)

During the October 2019 RUC meeting, it was agreed upon that 19340 would be surveyed along with codes 11970, 19325, 19342, and 19357 as part of the "Implant/Expander Placement" family. It was also included on the RAW screen of codes between 5,000 and 9,999 with site of service change.

Compelling Evidence

We are requesting a value that is less than current value.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 12.00 which is below both the current value and survey 25th percentile. This recommendation is made ultimately based on a cross-walk to 45172 from our search of recently valued codes.

It is important to note that the decrease in intra-time from current was seen across this family of surveyed codes and is significantly different than previous survey of this code. In addition, the NEJM paper by Chan et al from April 2019 suggested that RUC surveyed plastic surgery times may be lower than actual times from NSQIP. Code 19340 was one of the codes for which the NSQIP data was used and the data from NSQIP was provide by AMA staff to all advisors via email on 4/18/19. In NSQIP, 19340 had an average time intra-time of 145.2 minutes which is significantly greater than the 80 minutes from the current survey and is closer, but still greater, then the previous survey value from October 2009 of 120 minutes. We believe this difference is problematic when evaluating this code and code family as it an unexplained finding.

We have also included a full discharge day, 99238, based our recommendations from our survey and the response that 88% of patients stay overnight.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 20 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 14 minutes of scrub, dress and wait time which is 1 minute less than the package and matches our survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212

19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	**0.077**	**12.00**	**280**	64	**80**	20	1		2	2
19303	Mastectomy, simple, complete	**0.1018**	**15.00**	**283**	58	**90**	30	0.5	1	2	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	**0.0634**	**17.04**	**396**	72	**150**	30	1	1	3	1

Code 19340 with an wRVU = 12.00 is a poor comparison to the KRCs. Code 19340 has 10 minutes less intra time-time and 3 minutes less total time compared to KRC 19303, but has -3.00 wRVU. The comparison of code 19340 at 12.00 wRVU with KRC 15736 is difficult due to the significantly less intra-time (70 minutes) and total time (106 minutes) between the codes.

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99214	99213	99212
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy (RUC-CMS Revised)	**0.0710**	**11.19**	**267**	72	**90**	40	0.5				2	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	**0.077**	**12.00**	**280**	64	**80**	20	1				2	2
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	**0.0621**	**12.16**	**309**	52	**90**	30	0.5	1	1		1	1

Additional MPC Codes:

Searching the RUC data base for MPC, 90 day global, IT 75-85, TT 250-310 results in 6 code. Code 19370 at the recommend value of 12.00 wRVU would **rank 3rd highest out of 7 codes** as demonstrated in the table below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99214	99213	99212
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	**0.0484**	**9.37**	**271**	70	**90**	30	0.5				2	1
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	**0.0527**	**9.89**	**277**	68	**75**	30					3	2
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	**0.0530**	**10.03**	**283**	85	**90**	30					2	2
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy (RUC-CMS Revised)	**0.0710**	**11.19**	**267**	72	**90**	40	0.5				2	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	**0.077**	**12.00**	**280**	64	**80**	20	1				2	2
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	**0.0621**	**12.16**	**309**	52	**90**	30	0.5	1	1		1	1
19303	Mastectomy, simple, complete	**0.1018**	**15.00**	**283**	58	**90**	30	0.5			1	2	

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 75-85, TT 270-290 reveals 8 codes. Code 19340 at the recommend value of 12.00 wRVU would **rank 3rd highest out of 9 codes**. Of note, all of the 8 identified codes have an intratime of 75 minutes compared to Code 19340 which would have 80 minutes. In addition, all six of the codes with lower wRVU are from the same family (soft tissue excision codes). A rank ordered table of these codes and wRVUs is below:

CPT Code	27048	21932	21015	23073	24073	26117	19340	45172	67043

RVU	8.85	9.82	9.89	10.13	10.13	10.13	12.00	12.13	17.40

Cross-walk for recommendation:

Based on these results, we have recommended a wRVU of 12.00 for code 19340 based on comparison to 45172. Code 19340 has 10 less minutes of total time, but 5 minutes more of intra-time. At wRVU 12.00, it has the same IWPUT.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99231	99213	99212
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	**0.077**	**12.00**	**280**	64	**80**	20	1		2	2
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	**0.077**	**12.13**	**290**	65	**75**	20	1	1	2	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Based on the code descriptor, this code is performed directly following a mastectomy. The mastectomy is typically performed by a breast surgeon, surgical oncologist, or general surgeon. The immediate reconstruction is then performed by a plastic surgeon. 19303 (wRVU 15.00) is used to report the mastectomy and 19340 is used to report the implant reconstruction. Both codes have 90 day global periods.

		wRVU	Global	pre	intra	post	x38	x14	x13	x12
3.										
4.	19340 -	12.00	90d	64	80	136	1		2	2
5.	19303 -	15.00	90d	58	90	135	0.5	1	2	
6.	Total	27.00		122	170	271				

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19340

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons — How often? Commonly

Specialty General Surgeons How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 19000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate utilization is 3x the volume in the medicare population

Specialty Plastic Surgeons Frequency 15200 Percentage 80.00 %

Specialty General Surgeons Frequency 3800 Percentage 20.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,350
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 5080 Percentage 80.00 %

Specialty General Surgeons Frequency 1270 Percentage 20.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19340

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19342 Tracking Number Original Specialty Recommended RVU: **12.63**
Presented Recommended RVU: **12.63**
Global Period: 090 Current Work RVU: **12.63** RUC Recommended RVU: **11.00**

CPT Descriptor: Insertion or replacement of breast implant on separate day from mastectomy

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with a history of right breast cancer and previous implant-based breast reconstruction develops breast asymmetry due to weight loss and desires replacement with a smaller implant

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 58% , In the ASC 37%, In the office 5%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 52% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 4%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 50%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthestic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to indetify the footprint of the breast and planned re-creation of the mastectomy defect. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified including implants. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: The mastectomy incision is re-opened and the previous mastectomy flaps are elevated to the footprint of the breaset. Assuming a viable skin envelope remains, the surgeon elevates the pectoralis major muscle off the chest wall by dissecting along the lateral edge of the muscle and developing a plane of dissection under the pectoralis major. The pectoralis minor muscle is identified and separated from the pectoralis major, leaving it attached to the chest wall. Perforating vessels from the chest wall to the muscle are cauterized. The dissection is carried superiorly to the level of the clavicle, inferiorly to the origin of the muscle, and medially to the lateral sternal border. The medial row of perforating vessels supplying the pectoralis muscle may require cauterization, however, the thoracoacromial pedicle to the pectoralis major is kept intact. At the lateral border of the pectoralis muscle, the serratus anterior muscle is incised and elevated off the chest wall for a short distance. In cases requiring the use of an acellular dermal matrix inferiorly, the pectoralis major muscle may be divided inferiorly off the costal margin to allow for placement of the acellular dermal matrix. The lower lateral border of the pectoralis muscle is then sutured to the lateral chest wall or acellular dermal matrix to complete the pcoket. The width of the subpectoral pocket is measured, and the proper implant sizer is selected. It is placed into the pocket and filled to the intended volume. The soft tissues are tailor tacked closed. The patient is transitioned to a sitting position and revisions are performed to the pocket, sizer volume/shape, and soft tissues until the desired result is achieved. The mastectomy skin flaps are evaluated again with regard to viability and any clearly non-viable skin is

removed. The patient is returned to the supine position and the sizers are removed. The subpectoral pocket is rinsed with antibiotic irrigation and meticulous hemostasis is achieved. After preparing the skin, the selected implant is obtained and placed in the pocket with a no skin touch technique. The pectoralis muscle is sewn to the serratus or acellular demral matrix. Drains are placed in the wound and brought out through separate stab incisions and secured with sutures. Any additional skin revisions are performed to optimize the shape of the breast. The skin edges are then closed in layers.

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written. Medications for overnight observation or admission are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patient's pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting the post-operative restrictions.

Post op visit 4: 99212
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the implant/breast assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The next stages of reconstruction are discussed including any necessary revisions and the timing of nipple reconstruction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19342					
Sample Size:	1000	**Resp N:**	43			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	4.00	**10.00**	22.00	180.00
Survey RVW:		8.00	14.38	**17.00**	19.00	32.00
Pre-Service Evaluation Time:				**55.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**12.00**		
Intra-Service Time:		40.00	60.00	**80.00**	90.00	240.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**71.00**	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19342	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**12.00**	**15.00**	**-3.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**71.00**	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19303	090	15.00	**RUC Time**

CPT Descriptor Mastectomy, simple, complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15736	090	17.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36821	090	11.90	**RUC Time**	31,701

CPT Descriptor 1 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	45,141

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 18.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 13.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 19342	Top Key Reference CPT Code: 19303	2nd Key Reference CPT Code: **15736**
Median Pre-Service Time	62.00	58.00	72.00
Median Intra-Service Time	80.00	90.00	150.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	71.0	86.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**252.00**	**283.00**	**396.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	25%	50%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	13%	50%	37%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	16%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	68%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	50%	33%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19342. The changes made to 19342 were made to clarify the definition of "delayed" to reflect the relationship to the timing of the mastectomy. Although in plastic surgery text, the terms immediate versus delayed have general been in relationship to a mastectomy, the previous code descriptor included

other scenarios that caused confusion with surgeons and coders. In addition, a parenthetical was added to prevent unbundling with 19328 (removal of intact breast implant) since the work of 19328 would be included if placing a new implant.

CPT 19342	Descriptor
Previous	Delayed insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction
Updated	Insertion of breast implant on day separate from mastectomy

During the October 2019 RUC meeting, it was agreed upon that 19342 would be surveyed along with codes 11970, 19325, 19340, and 19357 as part of the "Implant/Expander Placement" family.

Compelling Evidence

We are recommending current value.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 12.63 which is current value.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 15 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 12 minutes of scrub, dress and wait time which is a decrease in 3 minutes from the selected pre-service package time based on our survey median.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
19342	Insertion or replacement of breast implant on separate day from mastectomy	0.121	12.63	252	62	80	20	0.5		1	3
19303	Mastectomy, simple, complete	0.1018	15.00	283	58	90	30	0.5	1	2	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	0.0634	17.04	396	72	150	30	0.5	1	3	1

Code 19342 with an wRVU at current value demonstrates similar, but lower intra-time and total time compared to KRC 19303 with a disproportionate decrease in wRVU. Code 19432 is a poor comparison to KRC 15736 due to significantly decreased intra-time and total time

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99213	99212
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	0.1038	11.90	233	75	75	25	0.5		1	1
19342	Insertion or replacement of breast implant on separate day from mastectomy	0.121	12.63	252	62	80	20	0.5			1
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	0.1143	13.16	236	51	75	25	1	1	2	

Search of the database for MPC, 90-day global, IT 75-85, and TT 232-272 reveals only two codes. Code 19342 has an increased intra-time of 5 minutes compared to both codes and an increased total time of 19 and 16 minutes respectively compared to MPC 36821 and MPC 52601. At the current value of 12.63 wRVU, it fits well in between these two MPC codes.

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 75-85, TT 232-272 reveals 9 codes. Code 19342 at the recommend value of 12.63 wRVU would **rank 3rd highest out of 10 codes**. A rank ordered list of the code and wRVUs is below.

CPT Code	28299	28297	26117	15120	64910	36831	36821	19342	52601	29828
RVU	9.29	9.29	10.13	10.15	10.52	11.00	11.90	12.63	13.16	13.16

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19342

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 13500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate utilzation to be 3x the medicare volume.

Specialty Plastic Surgeons Frequency 13500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 4500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19342

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19357 Tracking Number Original Specialty Recommended RVU: **17.95**
Presented Recommended RVU: **17.95**
Global Period: 090 Current Work RVU: **18.50** RUC Recommended RVU: **15.36**

CPT Descriptor: Tissue expander placement in breast reconstruction, including subsequent expansion(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female presents with breast cancer involving the right breast. Her oncologic surgeon has recommended a mastectomy together with a sentinel lymph node biopsy. After discussion, she wishes to proceed with a unilateral implant based breast reconstruction. Due to lack of skin envelope following the mastectomy, the decision is made to place a tissue expander first to allow for later implant placement.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 87% , In the ASC 9%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 3% , Overnight stay-less than 24 hours 67% , Overnight stay-more than 24 hours 30%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 40%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and identify the planned revisions to the capsule. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified including the patient's current implant size/shape in case needed. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: Following the completion of a mastectomy, the surgeon assesses the viability of the mastectomy skin flaps and excises any obviously non-viable tissue or skin. Assuming a viable skin envelope remains, the surgeon elevates the pectoralis major muscle off the chest wall by dissecting along the lateral edge of the muscle and developing a plane of dissection under the pectoralis major. The pectoralis minor muscle is identified and separated from the pectoralis major, leaving it attached to the chest wall. Perforating vessels from the chest wall to the muscle are cauterized. The dissection is carried superiorly to the level of the clavicle, inferiorly to the origin of the muscle, and medially to the lateral sternal border. The medial row of perforating vessels supplying the pectoralis muscle may require cauterization, however, the thoracoacromial pedicle to the pectoralis major is kept intact. At the lateral border of the pectoralis muscle, the serratus anterior muscle is incised and elevated off the chest wall for a short distance. The width of the subpectoral pocket is measured, and the proper sized tissue expander is chosen. It is opened and rinsed with antibiotic irrigation. The air is removed from the expander. The subpectoral pocket is rinsed with antibiotic irrigation and meticulous hemostasis is achieved. The tissue expander is placed in the pocket making sure the orientation is correct and that it lays flat against the chest wall with minimal wrinkling. If a remote port is used, a separate subcutaneous pocket is developed. In

cases requiring the use of an acellular dermal matrix inferiorly, the pectoralis major muscle may be divided inferiorly off the costal margin to allow for placement of the acellular dermal matrix. The lower lateral border of the pectoralis muscle is then sutured to the lateral chest wall or acellular dermal matrix to completely cover and secure the expander with care not to puncture the expander. Drains are placed in the wound and brought out through separate stab incisions and secured with sutures. The mastectomy skin flaps are evaluated again with regard to viability and any clearly non-viable skin is removed. The skin edges are then closed in layers, again with care not to injure the underlying expander. The tissue expander port is then accessed and saline may be infused into the expander to start the fill process, but care is taken to avoid any tension on the muscle or mastectomy flaps. The skin flaps are assessed for tension during and after final wound closure, and additional sterile saline may be added or removed from the expander, as necessary.

Description of Post-Service Work: The chest is cleaned. A sterile dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written. Medications for overnight observation or admission are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Discharge Management Visit: The patient is typically (97% based on survey) is monitored until the next day. The patient is re-examined for surgical site complications and orders are advance for the day. Discharge medications are reconciled and prescriptions are written. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are reviewed.

Post Op Visit 1: 99212
This visit occurs one week post-op. The patient's convalescence to that point is reviewed and discussed. The dressings are removed and the surgical site is evaluated. The drain output is assessed, and the drain suture and drain are removed, if appropriate. Pain control and antibiotic usage is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated. The recipient site wound is redressed.

Post Op Visits 2 - 6: 99213 x 5
Each of these visits is related to the incremental filling of the tissue expander typically starting at 3-4 weeks post-operative and occuring on a weekly basis. At each visit, the surgical site is evaluated for infection and skin compromise. Overall patient recovery is reviewed including signs of infection, pain control, and general recovery. If the surgical site is healing appropriate and the skin is not compromised, then an expansion is performed. For each expansion, the patient is positionined appropriately in the office chair. The fill port for the expander is prepped and draped. A sterile set-up for expansion is prepared including the filling of a syringe with sterile normal saline from an IV bag. A time-out is performed. The fill port is then accessed and the saline is slowly injected into the expander which starts to strech the overlying soft tissues. The amount injected in a clinic visit is determined by the site, laxity of the tissues, appearance of the overlying skin, and patient tolerance. The needle used to access the fill port is removed, compression is held on the site, and a dressing is placed. This procedure is repeated weekly until the desired amount of expansion has been achieved. Typical expanion reqiures 5 visits.

Post-op Visit 7: 99212
This visit occurs one month following the completion of expansion. The patient's convalescne to this point is reviewed and disucssed. The results of the expansion are evaluted. The skin is evaluted for compromise. Post-operative restrictions are lifted and any physical therapy or other need are address. Plans for future surgery to remove the expander and replace it with a breast implant are made.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19357					
Sample Size:	1000	**Resp N:**	44			
Description of Sample:	A random sample of membership who have self-identified as reconstruvtive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	40.00	220.00
Survey RVW:		10.50	17.95	**20.00**	25.00	50.00
Pre-Service Evaluation Time:				**60.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		40.00	72.00	**90.00**	12.00	250.00
Immediate Post Service-Time:	**23.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**147.00**	99211x **0.00** 12x **2.00** 13x **5.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19357	**Recommended Physician Work RVU: 15.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**23.00**	**30.00**	**-7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	147.00	99211x **0.00** 12x **2.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35301	090	21.16	**RUC Time**

CPT Descriptor Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15738	090	19.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63047	090	15.37	**RUC Time**	101,669

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	8,490

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 19357	Top Key Reference CPT Code: 35301	2nd Key Reference CPT Code: **15738**
Median Pre-Service Time	65.00	75.00	70.00
Median Intra-Service Time	90.00	120.00	150.00
Median Immediate Post-service Time	23.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	133.00	158.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	147.0	46.00	108.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**344.00**	**404.00**	**516.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	25%	42%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	34%	58%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	42%	58%
Physical effort required	0%	34%	66%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	13%	62%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	50%	50%
Physical effort required	25%	0%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	38%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19357. The changes made to 19357 removed the previous parent/child nomenclature within the section of the CPT book and removed "immediate or delayed" since there are no other alternative timings.

CPT 19357	Descriptor
Previous	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
Updated	Tissue expander placement in breast reconstruction, including subsequent expansion(s)

During the October 2019 RUC meeting, it was agreed upon that 19357 would be surveyed along with codes 11970, 19325, 19340, and 19342 as part of the "Implant/Expander Placement" family. It was also included on the RAW screen of codes between 5,000 and 9,999 with site of service change and the RAW screen of codes with > 1000 utilization and >6 office visits. The code has previously been surveyed for the Feb 2010 RUC meeting.

Compelling Evidence

We are not requesting an increase in wRVU.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 17.95, the survey 25th percentile, which is a decrease from current value of 18.50.

It is important to note that the decrease in intra-time from current was seen across this family of surveyed codes and is significantly different than previous surveys. In addition, the NEJM paper by Chan et al from April 2019 suggested that plastic surgery times may be lower than actual. Code 19357 was one of the codes for which the NSQIP data was used and the data from NSQUIP was provide by AMA staff to all advisors via email on 4/18/19. In NSQUIP, 19357 had an average time of 143.9 minutes which is significantly greater than the 90 minutes from the current survey and is closer, but still greater, then the previous survey value from Feb 2010 of 110 minutes. We believe this difference is problematic when evaluating this code and code family as it an unexplained finding.

In addition, we have also included a full discharge day, 99238, based our recommendations from our survey and the response that 88% of patients stay overnight.

Finally, the survey results for post-op visits were 99213 x 4, 99212 x2, and 99212.5 indicated a tie between the level for the last visit. Due to the similarity of most post-op visits for filling of the tissue expander, we selected a post-op clinic panel of 99213 x 5 and 99212 x 2.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 20 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which matches the package and our survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 23 minutes which is a decrease of 7 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212	99231	99232	99233
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	**0.101**	**17.95**	**363**	65	**90**	23	1		5	2			
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	**0.0472**	**19.04**	**516**	70	**150**	30	1		4	1	1	1	
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	**0.1040**	**21.16**	**404**	75	**120**	30	1		2			1	1

Overall, both KRCs are poor matches compared to CPT 19357 with both having increased intra time and total time compared to Code 19357. We believe part of this poor matching is due to lack of any codes with the same outpatient post-time procedural component that matches what is required of tissue expander.

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99213	99212
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	**0.0774**	**15.37**	**362**	75	**90**	30	1	1	1	3	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	**0.1057**	**17.75**	**337**	80	**103**	30	1	1		2	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	**0.107**	**17.95**	**363**	65	**90**	23	1			4	3

Compared to the selected MPC codes, Code 19357 at the 25th percentile (wRVU 17.95) is valued reasonably given the limitation of finding other codes that have the same post-op procedural component of filling a tissue expander. Code 19357 at the 25th (17.95) has the same intra-time and total time than MPC 63047, but has more wRVU which we believe is appropriate due to the increased complexity of the post-operative visits which are procedural. Code 19357 at the 25th percentile compared to MPC 37215 has less intra-time, but greater total time with a slightly increased wRVU that is appropriate.

There were no additional MPC codes that would be relevant as it required an expansion of the search criteria in the RUC database to MPC, 90 day global IT 75-105, and TT 333-393 to identify the second MPC code.

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 90, TT 333-393 – there are 4 codes and at 25th percentile, 19357 would rank **1st highest out of 5**. However, it matches well with 27446 with the same intra-time and slightly greater total time which is reflected in the increased wRVU. In addition, 19357 has the procedural component in the post-operative E&M visits.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99213	99212
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	**0.0510**	**12.38**	**334**	56	**90**	25	1		2	3	1
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue (RUC-CMS Revised)	**0.0743**	**15.36**	**353**	75	**90**	30	0.5			6	1
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	**0.0774**	**15.37**	**362**	75	**90**	30	1	1	1	3	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	**0.1088**	**17.48**	**345**	75	**90**	20	1	1	1	2	1
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	**0.107**	**17.95**	**363**	65	**90**	23	1			4	3

Billed Together Data:

Based on the billed together data provided by AMA staff earlier this year, code 19357 was billed 51.04% of the time with code 15777 [Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)]. This is an expected finding given the usage of acellular dermal matrix in some tissue expander based breast reconstructions for lower pole definition and to prevent lateral migration of the tissue expander when the mastectomy pocket is wide. 15777 is an add-on code intended for this usage, thus, there is no duplication of work. In addition, usage of ADM in tissue expander breast reconstruction continues to change over time and after a likely peak in usage is now likely going trend downward.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) As outlined in the previous section, the billed together list showed that 51.04% of the time, 19357 was reported with 15777, thus we answered question #1 as "yes". Code 15777 was specifically designed as an add-on code for the use of acellular dermal matrix in the breast or trunk. When 15777 was valued by the RUC in 2011, the survey included a breast tissue expander patient.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Both the placement of the tissue expander and the placement of the ADM are performed by the same surgeon. Code 15777 currently is a RUC valued, ZZZ code, with 5 minute of pretime and 45 minute of intratime only.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19357

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe the utilzation is 3x the medicare volume.

Specialty Plastic Surgeons Frequency 20100 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,700
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 6700 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19357

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Breast Implant/Expander Placement

TAB: 5

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64912	90	Nerve repair; with nerve allograft, each nerve, first strand (cable)		0.072			12.00			272	33	10	15			90			20					0.5				3	1						
2nd REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30									5							
CURRENT	11970	90	Replacement of tissue expander with permanent prosthesis		0.041			8.01			231	28		15			78			22					0.5				3							
SVY	11970	90	Replacement of tissue expander with permanent implant	43	0.138	6.00	10.26	12.00	14.50	65.00	202	45	10	12	30	50	60	75	120	20								1	2			0	10	15	28	200
REC	11970	90	Replacement of tissue expander with permanent implant		0.063			8.01			216	40	10	12			60			20					0.5				1	2						

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64910	90	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve		0.066			10.52			257	33	10	15			75			20					0.5				3	1						
2nd REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30									5						90	
CURRENT	19325	90	Mammaplasty, augmentation; with prosthetic implant		0.052			8.64			244	60					90			30									4							
SVY	19325	90	Breast augmentation with implant	45	0.138	5.00	10.00	12.00	15.00	65.00	211	45	10	12	25	45	60	75	180	20								4					0	10	19	40	110
REC	19325	90	Breast augmentation with implant		0.074			8.64			225	40	10	12			60			20					0.5				4							

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	19303	90	Mastectomy, simple, complete		0.102			15.00			283	40	3	15			90			30					0.5				1	2						

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AG	AH	AI	AJ	AK	AP	AQ	AR	AS	AT
15							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
16	Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
36	2nd REF	15736	90	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		0.063			17.04			396	40	12	20			150			30						0.5			1	3	1						
37	CURRENT	19340	90	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction		0.053			13.99			366	33	8	15			120			30					1	1.0			1	2	1						
38	SVY	19340	90	Insertion of breast implant on same day of mastectomy (ie, immediate)	44	0.021	8.00	14.25	16.50	22.00	45.00	300	60	10	14	30	60	80	93	230	20						1.0				2	2			0	2	9	17	100
39	REC	19340	90	Insertion of breast implant on same day of mastectomy (ie, immediate)		0.072			11.00			261	40	10	14			80			20						0.5				2	2						
40																																						
41																																						
42							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
43	Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
44	1st REF	19303	90	Mastectomy, simple, complete		0.102			15.00			283	40	3	15			90			30						0.5			1	2							
45	2nd REF	15736	90	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		0.063			17.04			396	40	12	20			150			30						0.5			1	3	1				9		
46	CURRENT	19342	90	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction		0.052			12.63			320	39		15			115			28						0.5				4.5							
47	SVY	19342	90	Insertion or replacement of breast implant on separate day from mastectomy	43	0.157	8.00	14.38	17.00	19.00	32.00	248	55	10	12	40	60	80	90	240	20										1	3			0	4	10	22	180
48	REC	19342	90	Insertion or replacement of breast implant on separate day from mastectomy		0.079			11.00			252	40	10	12			80			20						0.5				1	3						
49																																						
50																																						
51							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
52	Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
53	1st REF	35301	90	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision		0.104			21.16			404	40	15	20			120			30			1	1		1.0				2							
54	2nd REF	15738	90	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		0.047			19.04			516	40	15	15			150			30				2	2	1.0				4	1						
55	CURRENT	19357	90	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion		0.060			18.50			468	33	3	15			110			30					1	1.0			1	5	4						
56	SVY	19357	90	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	44	0.127	10.50	17.95	20.00	25.00	50.00	368	60	10	15	40	72	90	120	250	23						1.0				4	2.5			0	10	20	40	220
57	REC	19357	90	Tissue expander placement in breast reconstruction, including subsequent expansion(s)		0.079			15.36			344	40	10	15			90			23						0.5				5	2						
58	*Survey shows a total of 7 office visits. 99213 x 4, 99212, 99212, 99212.5 indicating there was a tie between the level of visit for the last visit.																																					

FACILITY DIRECT PE INPUTS

CPT CODE(S): 11970
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
11970	Replacement of tissue expander with permanent implant	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
11970	A 35-year-old female with a history of right breast cancer who has previously undergone mastectomy and placement of a tissue expander with subsequent expansion now presents for removal of the tissue expander and replacement with a breast implant.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11970, 19325, 19340, 19342, 19357).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We

believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19325
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19325	Breast augmentation with implant	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19325	A 21-year-old female presents with left mammary hypoplasia. She desires symmetry with the contralateral breast and an augmentation mammoplasty using the appropriate saline filled breast prosthesis in a submuscular position is planned.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11970, 19325, 19340, 19342, 19357).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We

believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19340
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19340	A 50-year-old female with a newly diagnosed breast carcinoma decides to undergo unilateral breast reconstruction utilizing a breast implant immediately following her mastectomy (same operative session, but mastectomy performed by another surgeon). After the mastectomy is completed, her skin envelope is adequate for an immediate implant based reconstruction.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11970, 19325, 19340, 19342, 19357).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We

believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 12 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19342
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19342	Insertion or replacement of breast implant on separate day from mastectomy	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19342	A 50-year-old female with a history of right breast cancer and previous implant-based breast reconstruction develops breast asymmetry due to weight loss and desires replacement with a smaller implant .

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11970, 19325, 19340, 19342, 19357).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We

believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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FACILITY DIRECT PE INPUTS

CPT CODE(S): 19357
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19357	A 50-year-old female presents with breast cancer involving the right breast. Her oncologic surgeon has recommended a mastectomy together with a sentinel lymph node biopsy. After discussion, she wishes to proceed with a unilateral implant based breast reconstruction. Due to lack of skin envelope following the mastectomy, the decision is made to place a tissue expander first to allow for later implant placement.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11970, 19325, 19340, 19342, 19357).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related

procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:
1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

In addition, for this code we have include the kit, tissue expansion (SA 108) for the 5 post-op visits involving the actual tissue expansion.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 12 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

For the visits involving tissue expansion, the clinical staff work includes all of the above along with gathering of the appropriate supplies need for the expansion procedure and providing assistance to the physician during the procedure while also acting as a chaperone.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Tissue Expansion Kit

We have selected to use SA108 (Kit, tissue expansion) to cover the supplies involved with filling a tissue expander during a clinic visit. This was the item used during the previous PE valuation and we assumed that it contained the appropriate items as the title of the kit is very clear about usage. However, the itemization of this kit is not available online nor through AMA staff (via email discussion). Thus, we were asked to provide a list of what we believe should be in that kit below:

SJ041	povidone soln (Betadine)	ml	0.137
SB007	drape, sterile barrier 16in x 29in	item	0.502
SB024	gloves, sterile	pair	0.875
SB001	cap, surgical	item	0.6745
	250ml bag of saline		
SD212	tubing, sterile, connecting (fluid administration)	item	1.54
SC049	stop cock, 3-way	item	1.1075
SC056	syringe 50-60ml	item	1.0055
SC030	needle, 19-25g, butterfly	item	0.669
SG021	bandage, strip 0.75in x 3in (Bandaid)	item	0.2265

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 11970**		**CPT Code 11970**		**CPT Code 19325**	
3		***RUC Collaboration Website***				Replacement of tissue expander with permanent prosthesis		Replacement of tissue expander with permanent implant		Mammaplasty, augmentation; with prosthetic implant	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 81.76**	**$ -**	**$ 73.87**	**$ -**	**$ 84.11**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**174.0**	**0.0**	**156.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**108.0**	**0.0**	**90.0**	**0.0**	**108.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 64.38**	**$ -**	**$ 57.72**	**$ -**	**$ 64.38**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
42			L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27						2		
89		99213 36 minutes	36				3		1		3
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**108.0**	**0.0**	**90.0**	**0.0**	**108.0**
93			L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 11970**		**CPT Code 11970**		**CPT Code 19325**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Replacement of tissue expander with permanent prosthesis		Replacement of tissue expander with permanent implant		Mammaplasty, augmentation; with prosthetic implant	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 81.76**	**$ -**	**$ 73.87**	**$ -**	**$ 84.11**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**174.0**	**0.0**	**156.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**108.0**	**0.0**	**90.0**	**0.0**	**108.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 16.24**	**$ -**	**$ 14.01**	**$ -**	**$ 19.00**
102	SA031	kit, suture removal	1.347	kit							2
103	SA043	pack, cleaning, surgical instruments	8.9745	pack							
104	SA048	pack, minimum multi-specialty visit	3.0815	pack			3		3		4
105	SA054	pack, post-op incision care (suture)	4.7635	pack			1		1		
106	SG017	bandage, Kling, non-sterile 2in	1.0065	item			1				4
107	SG035	dressing, 3in x 4in (Telfa, Release)	0.097	item			6				4
108	SG055	gauze, sterile 4in x 4in	0.1745	item							8
109	SJ028	hydrogen peroxide	0.0215	ml			30				40
110	SA108	kit, tissue expansion	8.313	kit							
116	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.14**	**$ -**	**$ 2.15**	**$ -**	**$ 0.73**
118	EF023	table, exam	3037.9485	Office Visits	0.006757594		108				108
119	EQ168	light, exam	1431.5035	Office Visits	0.003798819		108		90.0		
120	EF031	table, power	6030.195	Office Visits	0.016002488				90.0		
121	EF014	light, surgical	2872.8985		0.006390458						
122	EF015	mayo stand	526.782		0.001171771						
123	ED004	camera, digital (6 mexapixel)	549.3285		0.002176547						
124	EQ137	instrument pack, basic ($500-$1499)	500		0.002323783						
125	EQ110	electrocautery-hyfrecator, up to 45 watts	906.29		0.002405046						
126	ED005	camera, digital system, 12 megapixel (medical grade)	4589.081	Other Formula	0.018182839				20		

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19325**		**CPT Code 19340**		**CPT Code 19340**		**CPT Code 19342**		**CPT Code 19342**	
3		***RUC Collaboration Website***	Breast augmentation with implant		Immediate insertion of breast prosthesis following mastopexy, mastectomy or in		Insertion of breast implant on same day of mastectomy (ie, immediate)		Delayed insertion of breast prosthesis following mastopexy, mastectomy or in		Insertion or replacement of breast implant on separate day from mastectomy	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 83.97**	**$ -**	**$102.98**	**$ -**	**$ 90.99**	**$ -**	**$110.63**	**$ -**	**$ 87.48**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**174.0**	**0.0**	**224.0**	**0.0**	**192.0**	**0.0**	**228.0**	**0.0**	**183.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**108.0**	**0.0**	**152.0**	**0.0**	**126.0**	**0.0**	**162.0**	**0.0**	**117.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 64.38**	**$ -**	**$ 82.88**	**$ -**	**$ 71.04**	**$ -**	**$ 84.36**	**$ -**	**$ 67.71**
13		**PRE-SERVICE PERIOD**										
14		**Start: Following visit when decision for surgery/procedure made**										
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		20		20		20		20
17	CA003	Schedule space and equipment in facility		8		8		8		8		8
18	CA004	Provide pre-service education/obtain consent		20		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription		7		7		7		7		7
20	CA006	Confirm availability of prior images/studies										
21	CA007	Review patient clinical extant information and questionnaire										
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)										
23												
26		*Other activity: please include short clinical description here and type*										
29		**End: When patient enters office/facility for surgery/procedure**										
30		**SERVICE PERIOD**										
31		**Start: When patient enters office/facility for surgery/procedure:**										
32		**Pre-Service (of service period)**										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are										
34	CA010	Obtain vital signs										
35	CA011	Provide education/obtain consent										
36	CA012	Review requisition, assess for special needs										
37	CA013	Prepare room, equipment and supplies										
38	CA014	Confirm order, protocol exam										
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
42												
45		*Other activity: please include short clinical description here and type*										
48		**Intra-service (of service period)**										
49	CA018	Assist physician or other qualified healthcare professional---directly										
50	CA019	Assist physician or other qualified healthcare professional---directly										
51	CA020	Assist physician or other qualified healthcare professional---directly										
52	CA021	Perform procedure/service---NOT directly related to physician work time										
55												
56		*Other activity: please include short clinical description here and type*										
59		**Post-Service (of service period)**										
60	CA022	Monitor patient following procedure/service, multitasking 1:4										
61	CA023	Monitor patient following procedure/service, no multitasking										
62	CA024	Clean room/equipment by clinical staff										
63	CA025	Clean scope										
64	CA026	Clean surgical instrument package										
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions										
66	CA028	Review/read post-procedure x-ray, lab and pathology reports										
67	CA029	Check dressings, catheters, wounds										
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,										
69	CA031	Review examination with interpreting MD/DO										
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to										
71	CA033	Perform regulatory mandated quality assurance activity (service period)										
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry										
73	CA035	Review home care instructions, coordinate visits/prescriptions										
74	CA036	Discharge day management	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75												
78		*Other activity: please include short clinical description here and type*										
81		**End: Patient leaves office/facility**										
82		**POST-SERVICE PERIOD**										
83		**Start: Patient leaves office/facility**										
84	CA037	Conduct patient communications										
85	CA038	Coordinate post-procedure services										
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes										
88		99212 27 minutes		4		1		2				3
89		99213 36 minutes				2		2		4.5		1
90		99214 53 minutes				1						
91		99215 63 minutes										
92	CA039	Post-operative visits (total time)	**0.0**	**108.0**	**0.0**	**152.0**	**0.0**	**126.0**	**0.0**	**162.0**	**0.0**	**117.0**
93												
96		*Other activity: please include short clinical description here and type*										
99		**End: with last office visit before end of global period**										

	A	B	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19325**		**CPT Code 19340**		**CPT Code 19340**		**CPT Code 19342**		**CPT Code 19342**	
3		***RUC Collaboration Website***	Breast augmentation with implant		Immediate insertion of breast prosthesis following mastopexy, mastectomy or in		Insertion of breast implant on same day of mastectomy (ie, immediate)		Delayed insertion of breast prosthesis following mastopexy, mastectomy or in		Insertion or replacement of breast implant on separate day from mastectomy	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 83.97**	**$ -**	**$102.98**	**$ -**	**$ 90.99**	**$ -**	**$110.63**	**$ -**	**$ 87.48**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**174.0**	**0.0**	**224.0**	**0.0**	**192.0**	**0.0**	**228.0**	**0.0**	**183.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**108.0**	**0.0**	**152.0**	**0.0**	**126.0**	**0.0**	**162.0**	**0.0**	**117.0**
100	**Supply Code**	**MEDICAL SUPPLIES**										
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 17.09**	**$ -**	**$ 17.09**	**$ -**	**$ 17.09**	**$ -**	**$ 25.17**	**$ -**	**$ 17.09**
102	SA031	kit, suture removal										
103	SA043	pack, cleaning, surgical instruments										
104	SA048	pack, minimum multi-specialty visit		4		4		4		5		4
105	SA054	pack, post-op incision care (suture)		1		1		1		1		1
106	SG017	bandage, Kling, non-sterile 2in								3		
107	SG035	dressing, 3in x 4in (Telfa, Release)								3		
108	SG055	gauze, sterile 4in x 4in								6		
109	SJ028	hydrogen peroxide								30		
110	SA108	kit, tissue expansion										
116	**Equipment Code**	**EQUIPMENT**										
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 2.50**	**$ -**	**$ 3.01**	**$ -**	**$ 2.86**	**$ -**	**$ 1.09**	**$ -**	**$ 2.68**
118	EF023	table, exam								162		
119	EQ168	light, exam		108.0		152		126.0				117.0
120	EF031	table, power		108.0		152		126.0				117.0
121	EF014	light, surgical										
122	EF015	mayo stand										
123	ED004	camera, digital (6 mexapixel)										
124	EQ137	instrument pack, basic ($500-$1499)										
125	EQ110	electrocautery-hyfrecator, up to 45 watts										
126	ED005	camera, digital system, 12 megapixel (medical grade)		20				20				20

	A	B	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19357**		**CPT Code 19357**	
3		***RUC Collaboration Website***	Breast reconstruction, immediate or delayed, with tissue expander, including		Tissue expander placement in breast reconstruction, including subsequent	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$261.64**	**$ -**	**$183.90**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**413.0**	**0.0**	**300.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**341.0**	**0.0**	**234.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$152.81**	**$ -**	**$111.00**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery/procedure made**				
15	CA001	Complete pre-service diagnostic and referral forms		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		20
17	CA003	Schedule space and equipment in facility		8		8
18	CA004	Provide pre-service education/obtain consent		20		20
19	CA005	Complete pre-procedure phone calls and prescription		7		7
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
23						
26		*Other activity: please include short clinical description here and type*				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
41	CA017	Sedate/apply anesthesia				
42						
45		*Other activity: please include short clinical description here and type*				
48		**Intra-service (of service period)**				
49	CA018	Assist physician or other qualified healthcare professional---directly				
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work time				
55						
56		*Other activity: please include short clinical description here and type*				
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff				
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service period)				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**	**12**	**n/a**	**6**
75						
78		*Other activity: please include short clinical description here and type*				
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications				
85	CA038	Coordinate post-procedure services				
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes				
88		99212 27 minutes		4		2
89		99213 36 minutes		5		5
90		99214 53 minutes		1		
91		99215 63 minutes				
92	CA039	Post-operative visits (total time)	**0.0**	**341.0**	**0.0**	**234.0**
93						
96		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19357**		**CPT Code 19357**	
3		***RUC Collaboration Website***	Breast reconstruction, immediate or delayed, with tissue expander, including		Tissue expander placement in breast reconstruction, including subsequent	
4	**Clinical Activity Code**	**Meeting Date:** **Revision Date (if applicable):** **Tab:** **Specialty:**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$261.64**	**$ -**	**$183.90**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**413.0**	**0.0**	**300.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**341.0**	**0.0**	**234.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$102.08**	**$ -**	**$ 67.90**
102	SA031	kit, suture removal				
103	SA043	pack, cleaning, surgical instruments				
104	SA048	pack, minimum multi-specialty visit		10		7
105	SA054	pack, post-op incision care (suture)		1		1
106	SG017	bandage, Kling, non-sterile 2in				
107	SG035	dressing, 3in x 4in (Telfa, Release)				
108	SG055	gauze, sterile 4in x 4in				
109	SJ028	hydrogen peroxide				
110	SA108	kit, tissue expansion		8		5
116	**Equipment Code**	**EQUIPMENT**				
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 6.75**	**$ -**	**$ 5.00**
118	EF023	table, exam				
119	EQ168	light, exam		341		234.0
120	EF031	table, power		341		234.0
121	EF014	light, surgical				
122	EF015	mayo stand				
123	ED004	camera, digital (6 mexapixel)				
124	EQ137	instrument pack, basic ($500-$1499)				
125	EQ110	electrocautery-hyfrecator, up to 45 watts				
126	ED005	camera, digital system, 12 megapixel (medical grade)				20

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Breast Implant/Expander Removal – Tab 6

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen codes to provide descriptor clarification of any overlap in physician work for breast reconstruction services. In the CPT coding changes application, the specialty stated that this change is editorial and does not involve a change in work. At the April 2019 RUC meeting, the RUC agreed that the seventeen breast reconstruction services should be surveyed for the October 2019 RUC meeting. Codes 11960, 19316, 19350, 19355, and 19396 were also included as being part of the same code family. Based on the change in the typical patient for CPT code 11971 and multiple Harvard valued codes, the RUC agreed that all twenty-two of these services be surveyed, contrary to the specialty initial recommendation that these changes are editorial only and do not require surveying. At that time, the RUC had recommended surveying all twenty-two codes for the October 2019 RUC meeting.

At the October 2019 RUC meeting, the specialty elected to survey two of the codes and send a third code to CPT for revision. The specialty noted that the designation of a single 22 code family was too broad, and that the family categorization should be more granular than surgical procedures for the repair and/or reconstruction of the same anatomic region. The specialties proposed 8 families of services to the RUC noting that this categorization assign similar procedures together and ensures that the survey process is effective. The RUC concurred with the more granular classification of families that group analogous procedures together. Furthermore, the specialty indicated, and the RUC agreed, that three of the code families, autologous reconstruction, nipple procedures and moulage formation were not identified by any RAW screens, had no change to their work from CPT revisions and had no obvious flaws to their valuation (i.e., a site of service valuation issue), and therefore would not need to be reviewed at this time. The RUC agreed that, although the specialty societies had conducted surveys of code 11970 and 11971 for October 2019, these services should be resurveyed with their newly identified respective code families. In October 2019, the RUC reviewed these family of services with the specialty societies and agreed that these services should be surveyed for physician work and practice expense in January 2020. The *Breast Implant/Expander Removal* code family was one of the code families identified by the RUC for review for the January 2020 RUC meeting.

Compelling Evidence

The RUC reviewed and accepted compelling evidence that the original valuation of CPT code 11971 was based on flawed methodology when it was reviewed in 1995 which resulted in the service having a negative IWPUT. The value of the service was not changed to appropriately account for the times newly assigned to the service in 1995. This code was last reviewed with hundreds of other services during the first Five-Year Review prior to the creation of the IWPUT metric, so it may not have been as apparent at the time that the assigned value was lower than the sum of the post-operative visits that were bundled into the service.

The RUC also reviewed and accepted compelling evidence based on change in patient population for all three services in this family, 11971, 19328 and 19330 based on a change in patient population. The number of patients that are eligible for breast reconstruction has changed. Twenty

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or thirty years ago, the patient did not have a BMI under 30 and nor major comorbidities. Now, breast reconstruction is appropriately provided to a much broader patient population, including many more oncology patients, due to advancements in care and surgical technique over the past few decades. With the increased access to breast reconstruction, patients with more comorbidities require management of the infected or otherwise complicated breast implant. The change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post- periods due to the elevated complexity of discussions with the patient. In addition, the patient population for code 11971 changed since this service was reviewed in 1995 for this service from scalp expansion for a pediatric patient to a breast procedure for an adult.

Furthermore, the old descriptor for CPT code 19330 was inappropriately vague, "Removal of mammary implant material", which the specialty noted some providers may have interpreted that under the old coding structure they may report separately for removal of ruptured contents (i.e., silicone gel).

11971 ***Removal of tissue expander without insertion of implant***
The RUC reviewed the survey results from 56 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 10 minutes for pre-service scrub/dress/wait, 45 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 1 99213 post-operative office visit and 3 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. The RUC noted that the existing times and values for 11971 created a negative IWPUT of -0.041, which strongly indicates either the current times are highly inflated relative to the current work RVU and not valid for comparison to the new times and value. In addition, the physician work for the modern typical patient for 11971, an adult female patient with a history of breast cancer who is having breast tissue expanders removed, is also greater than the removal of a scalp expander from a pediatric patient. Removing a breast tissue expander also involves the more intense work of going beneath the muscle, which is was not required for the historic typical patient.

The RUC reviewed the survey 25th percentile work RVU of 7.02 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 7.02, the RUC compared the survey code to MPC code 26615 *Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone* (work RVU= 7.07, intra-service time of 45 minutes, total time 217 minutes) and note that both services involve identical intra-service times and similar total times. The RUC also compared the survey code to CPT code 28645 *Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed* (work RVU= 7.44, intra-service time of 45 minutes, total time of 217 minutes) and noted that both services have identical intra-service time and very similar total times. **The RUC recommends a work RVU of 7.02 for CPT code 11971.**

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19328 ***Removal of intact-breast implant***
The RUC reviewed the survey results from 56 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 10 minutes for pre-service scrub/dress/wait, 45 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 1 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. Code 19328 is more intense intraoperatively relative to family code 11971 since it is typically a more chronic infection that requires additional work in removing the chronic inflammatory tissue as well as additional effort is required to score what is now a well formed scar capsule in order to promote healing. Therefore, the intraoperative work is greater and more intense. This is supported by the survey data where the respondents indicated a higher work RVU for 19328 compared to 11971.

The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. During the initial Harvard study, only overall post-operative time data was surveyed; data on the number and level of hospital and office post-operative visits were not collected. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC has had the opportunity to review the hospital and office visits for code 19328 and the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC reviewed the survey 25th percentile work RVU of 7.44 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 7.44, the RUC compared the survey code to CPT code 28291 *Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant* (work RVU= 8.01, intra-service time of 50 minutes, total time of 215 minutes) and noted that the reference code involves more intra-service and total time, supporting a somewhat lower valuation for the survey code. The RUC also compared the survey code to MPC code 67904 *Repair of blepharoptosis; (tarso) levator resection or advancement, external approach* (work RVU= 7.97, intra-service time of 45 minutes, total time of 185 minutes) and noted that both services have identical intra-service times and similar total times, whereas the reference code is slightly more intense intra-operatively. **The RUC recommends a work RVU of 7.44 for CPT code 19328.**

19330 ***Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)***
The RUC reviewed the survey results from 56 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 10 minutes for pre-service scrub/dress/wait, 75 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 1 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

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The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. During the initial Harvard study, only overall post-operative time data was surveyed; data on the number and level of hospital and office post-operative visits were not collected. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC has had the opportunity to review the hospital and office visits for code 19328 and also the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC reviewed the survey 25th percentile work RVU of 9.00 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 9.00, the RUC compared the survey code to CPT code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU= 11.90, intra-service time of 75 minutes, total time of 233) and noted that both services have identical intra-service time and very similar total times, though the reference code is somewhat more intense for the surgeon intra-operatively. The RUC also compared the survey code to MPC code 21015 *Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm* (work RVU= 9.89, intra-service time of 75 minutes, total time of 277 minutes) and noted that both services have identical intra-service time, whereas the reference code involves more total time — the lower value for the survey code has appropriate rank order with the reference code. **The RUC recommends a work RVU of 9.00 for CPT code 19330.**

Practice Expense
The Practice Expense Subcommittee changed the exam table to a power table for each code which is typical for this specialty. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

RUC Recommendation for New CPT Parenthetical
The RUC noted that the CPT introductory materials state that 19330 and 19371 should not be reported together as 19371 includes the removal of the breast implant and all intracapsular contents:

> "Removal of a ruptured breast implant, including the implant contents, is reported with 19330. A complete capsulectomy (19371) includes removal of the breast implant and all intracapsular contents."

The RUC recommends for this also to be clearly stated in a parenthetical under the codes to further emphasize that these services should never be reported together.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repair (Closure) **Other Flaps and Grafts**				
●*15769*		*Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)* *(For injection[s] of platelet-rich plasma, use 0232T)*		
●*15771*		*Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate* *(Report 15771 only once per session)*		
✚●*15772*		*each additional 50cc injectate, or part thereof (List separately in addition to code for primary procedure)* *(Use 15772 in conjunction with 15771)*		
Breast **Repair and/or Reconstruction**				
		Breast reconstruction is performed to repair defects due to congenital anomaly or loss of breast tissue after a surgical excision. The goal of breast reconstruction is to correct the anatomic defect and to restore form and breast symmetry. A breast can be reconstructed using a single technique or a combination of techniques, and each technique can stand alone. Additionally, both breasts may be reconstructed at the same time, but may use different techniques or a combination of techniques. In many instances breast reconstruction requires more than one planned procedure or may require revisions. The native breast may be altered using different techniques. The breast and breast mound can be lifted with a mastopexy (19316), reduced in volume with a breast reduction (19318), or augmented with a breast implant (19325). Post-mastectomy breast reconstruction may be performed using a variety of techniques. An implant-based reconstruction involves placement of a device filled with fluid (eg, saline, silicone gel) to provide volume to the breast. In immediate reconstruction, an implant is placed primarily at the time of a mastectomy (19340). In delayed reconstruction, an implant is placed at any date separate from the mastectomy (19342). This includes placement of any new implant or replacement of an existing implant within the mastectomy defect or reconstructed breast. The removal of an intact breast implant for replacement is included in 19342. A breast implant cannot always be placed due to the lack of an adequate skin envelope. Code 19357 describes insertion of a tissue expander which is a device that is surgically implanted to create an adequate sized pocket for subsequent insertion of a permanent implant. A tissue expander is an		

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inflatable device placed beneath the skin and chest muscle, into which saline is injected over a period of weeks in the office to create the implant pocket. The tissue expander is eventually removed and may be replaced with a permanent breast implant (11970). Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately when performed with flap reconstruction (19361, 19364, 19366, 19367, 19368,19369).

Code 11970 describes the removal of a tissue expander with concurrent insertion of a permanent breast implant. Code 11970 includes removal of the expander, minor revisions to the breast capsule and placement of the new breast implant. Code19370 may be reported in addition to 11970 if more extensive capsular revision is performed. Code 11971 describes the removal of a tissue expander without replacement of an expander or implant.

Autologous breast reconstruction involves harvesting a flap of skin, subcutaneous fat and/or muscle from one area of the body and relocating the tissue to the anterior chest to create a new breast mound. Flap reconstruction may be performed at the time of mastectomy or in a delayed fashion depending on patient preference and other oncologic treatments.

Code 19361 describes breast reconstruction with a flap composed of the latissimus dorsi muscle including some of the overlying skin and subcutaneous fat to reconstruct the breast mound. This flap is left on its vascular pedicle and tunneled beneath the armpit skin to the anterior chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the axilla. To give the breast mound additional volume, a tissue expander or permanent breast implant may be placed beneath the latissimus flap. Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately.

Code 19364 describes a microsurgical free tissue transfer of skin, and subcutaneous fat and/or muscle for breast reconstruction. This code includes the flap harvest, microsurgical anastomosis of one artery and two veins with use of an operating microscope, flap inset as a breast mound, and donor site closure. Typical free flaps include free transverse rectus abdominis myocutaneous (fTRAM), deep inferior epigastric perforator (DIEP), superficial inferior epigastric artery (SIEA), or gluteal artery perforator (GAP) flaps.

Code 19367 describes a single pedicled transverse rectus abdominis myocutaneous (TRAM) flap, where skin, subcutaneous fat, and a large portion of the rectus abdominis muscle from the lower abdomen is moved beneath the upper abdominal wall skin up to the chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the abdomen.

Code 19368 describes "supercharging" of a single pedicled TRAM flap. This is typically performed to increase blood flow in TRAM flaps with marginal circulation to ensure flap survival. In addition to the standard unipedicle TRAM procedure, the inferior epigastric artery and/or veins are also anastomosed to recipient vessels in the chest using microsurgical techniques.

Code 19369 describes a bipedicled TRAM flap in which skin, subcutaneous fat and both rectus muscles are harvested for the reconstruction of a single breast. The dual blood supply to the flap is left attached to its origins in the abdomen.

Secondary and ancillary breast reconstruction procedures include nipple reconstruction (19350), implant adjustments through revisions to the breast capsule (19370), or removal of the entire breast capsule via a complete capsulectomy (19371) to achieve correct breast tissue positioning. In addition, procedures may be performed on the contralateral breast to create symmetry (19316, 19318, 19325). Removal of an intact breast implant without replacement is reported with 19328. Removal of a ruptured breast implant, including the implant contents, is reported with 19330. A complete capsulectomy (19371) includes removal of the breast implant and all intracapsular contents.

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Code 19380 describes a revision of a reconstructed breast, including significant excision of tissue re-advancement or re-inset of flaps. For autologous reconstruction, this code is inclusive of revisions of the flap position on the chest wall, removal of portions of the flap (via direct excision or liposuction), re-shaping of the flap, or scar revisions. However, if a limited procedure is performed with a defined code (eg, scar revision) then the more specific code should be used. The placement of a new implant (19342) or autologous fat grafting for increased volume (*15771, 15772*) may be separately reportable. For implant-based reconstruction, 19380 is inclusive of revisions to the skin and capsule when performed together. The exchange for a new or different size/shape/type of implant (19342) or autologous fat grafting for increased volume/contour irregularities *(15771, 15772*) may be separately reportable. Nipple reconstruction is reported with 19350 and includes local flaps (14000,14001), areolar skin grafting (15100, 15200, 15201), and subsequent tattooing (11920, 11921, 11922).

Code 19396 describes the formation of a moulage cast of a patient's chest defect. The mold is used to fabricate a specific, custom made implant that fits the patient's defect.

(To report bilateral procedures, report modifier 50 with the procedure code)

(For biological implant for soft tissue and/or breast implant reinforcement, use 15777 in conjunction with the primary procedure)

▲11971	A7	Removal of tissue expander without insertion of ~~prosthesis~~ implant (For removal of breast tissue expander and replacement with breast implant, use 11970) (Do not report 11971 with 11970)	090	7.02
▲19328	A8	~~r~~Removal of intact ~~mammary~~ breast implant (Do not report 19328 for removal of tissue expander) (Do not report 19328 in conjunction with 19370) (For removal of tissue expander with placement of breast implant, use 11970) (For removal of tissue expander without replacement, use 11971)	090	7.44
▲19330	A9	~~r~~Removal of ruptured breast ~~mammary~~ implant ~~material~~, including implant contents (eg, saline, silicone gel) (Do not report 19330 for removal of ruptured tissue expander) (For removal of ruptured tissue expander with placement of breast implant, use 11970)	090	9.00

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		(For removal of ruptured tissue expander without replacement, use 11971) (For placement of new breast implant during same operative session, use 19342)		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11971 Tracking Number Original Specialty Recommended RVU: **7.02**
Presented Recommended RVU: **7.02**
Global Period: 090 Current Work RVU: **3.41** RUC Recommended RVU: **7.02**

CPT Descriptor: Removal of tissue expander without insertion of implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with a history of right breast cancer who has previously undergone mastectomy and placement of a tissue expander developed an infection at the breast reconstruction site requiring tissue expander removal.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 71% , In the ASC 22%, In the office 7%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 30% , Overnight stay-less than 24 hours 40% , Overnight stay-more than 24 hours 30%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 29%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The anticipated sequence of the planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthestic and funcitonal expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked in an upright position to confirm location of relevant anatomy. The volume contained in tissue expander is reviewed. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Planned airway management and procedure reviewed with OR staff. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed with placement of a transverse shoulder roll to provide neck extension. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: An incision is performed on the breast followed by a meticulous dissection of the subcutaneous tissues. Hemostasis is obtained. The surgeon performs a capsulotomy to enter the implant pocket, and the tissue expander is then punctured, the saline evacuated, and the device removed from the patient. The surgeon then inspects the surface of the pocket to assess for any abnormalities. A curette is used to debride the inside of the tissue expander pocket. The surgeon then uses electrocautery to perform hemostasis within the pocket followed by high pressure irrigation to ensure the cleanliness of the expander pocket. The surgeon then marks and carefully excises the excess skin on the chest wall to ensure a smooth contour. The skin is provisionally closed, and the surgeon sits the patient up on the operating table to assess under the effects of gravity that enough skin has been removed. The patient is then returned to the supine position. A closed suction drain is placed and careful hemostasis performed. The implant pocket is irrigated copiously. The wound is closed in a layered fashion.

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision followed by a compressive dressing. The operative report is dictated. The postoperative orders are written.

Discharge Management Visit: The patient is typically (70% based on survey) monitored until the next day. The patient is re-examined for surgical site complications and orders are advanced for the day. Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The integrity and viability of the breast skin flaps are assessed. Antibiotic management plan is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The contour of the healing breast skin is assessed. Antibiotic management plan is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. The wound is redressed, with home care instructions provided.

Post op visit 3: 99212
This visit typically occurs at 6 weeks post-operatively. The patient's convalescence to that point is reviewed. The wounds are inspected and palpated. The contour of the chest is assessed. Antibiotics are likely discontinued. Shoulder range of motion is evaluated and physical therapy reviewed. The possibility of revisionary or additional surgeries is discussed. Patient and family questions and concerns are addressed.

Post op visit 4: 99212
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed. The wounds are inspected and palpated. Patient and family questions and concerns are addressed. Revisionary or additional surgeries are discussed and planned.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	11971					
Sample Size:	1000	**Resp N:**	56			
Description of Sample:	A random sample of membership who self-identified as reconstructive surgeons.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**4.00**	7.00	55.00	
Survey RVW:	4.10	7.02	**8.18**	11.00	18.80	
Pre-Service Evaluation Time:			**41.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	20.00	35.00	**45.00**	60.00	120.00	

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**71.00**	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	11971	**Recommended Physician Work RVU: 7.02**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**71.00**	99211x **0.00** 12x **3.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21556	090	7.66	**RUC Time**

CPT Descriptor Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
14060	090	9.23	**RUC Time**

CPT Descriptor Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
26615	090	7.07	**RUC Time**	2,102

CPT Descriptor 1 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
25076	090	6.74	**RUC Time**	962

CPT Descriptor 2 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 30.3 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 11971	Top Key Reference CPT Code: 21556	2nd Key Reference CPT Code: **14060**
Median Pre-Service Time	60.00	68.00	30.00
Median Intra-Service Time	45.00	60.00	60.00
Median Immediate Post-service Time	20.00	25.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	71.0	62.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**215.00**	**234.00**	**183.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	18%	24%	47%	11%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	41%	18%	51%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	35%	35%	30%
Physical effort required	6%	47%	47%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality	12%	18%	70%

- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	25%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	50%	25%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and editorial revisions to seventeen other codes including CPT 11971. The change made to 11971 was updating the term "prostheses" to "implant" along with adding parentheticals to prevent unbundling of 11970 (replacement of tissue expander with permanent implant) which inherently includes 11971 as part of the work.

CPT 11971	Descriptor
Previous	Removal of tissue expander without insertion of prosthesis
Updated	Removal of tissue expander without insertion of implant (For removal of breast tissue expander and replacement with breast implant, use 11970) (Do not report 11971 with 11970)

During the April 2019 RUC meeting, CPT 11971 was identified as potentially having a change in work due to the vignette for the typical patient changing from a pediatric patient with a pigmented hairy nevus of the scalp to an adult female patient with a history of breast cancer who is having breast tissue expanders removed and replacement with a permanent implant. In addition, 11971 has a previous negative IWPUT suggested misvaluation. At that time, the decision was to survey 11970 and 11971 together with planned presentation at the October RUC meeting. Although a survey was performed and a SOR for 11971 was submitted, after the overall discussion and agreement to develop different families, 11971 was never formally presented. During the October 2019 RUC meeting, it was agreed upon that 111971 would be re-surveyed along with codes 19328 and 19330 as part of the "Implant/Expander Removal" family.

Code 11971 was previously RUC valued in August 1995.

Compelling Evidence

The negative IWPUT for this code indicates flawed methodology during the previous survey. In addition, the change in typical patient population from a pediatric scalp lesion patient to an adult breast reconstruction patient, is compelling evidence.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 7.02, the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 1 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time and consistent with previous times related to breast surgery.

Scrub, Dress, Wait time – We are recommending 10 minutes of scrub, dress and wait time which is 5 minutes less than the package, but matches our survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
11971	Removal of tissue expander without insertion of implant	0.037	7.02	234	60	45	20	1	1	3
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	0.0455	7.66	234	68	60	25	0.5	2	1
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	0.0899	9.23	183	30	60	15		2	2

Code 11971 with an wRVU at the 25th percentile (7.02) demonstrates an good similarity to one (KRC 21556) of the KRC codes selected but is less relative to the second (KRC 14060) for comparison. Code 11971 has a shorter intra-time of 45 minutes compared to 60 minutes for both KRC 21556 and KRC 14060. Code 11971 has the same total time to KRC 21556, but a lower wRVU which could reflect the decrease intra-time. However, code 11971 has a longer total time (~51 minutes), but a wRVU that is significantly lower with -2.21 wRVU less.

MPC Comparison Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	0.0497	6.74	206	60	45	20	0.5	2	1
11971	Removal of tissue expander without insertion of implant	0.037	7.02	234	60	45	20	1	1	3
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	0.0443	7.07	217	55	45	20	0.5	2	2

Compared to the selected MPC codes, Code 11971 at the 25th percentile (wRVU 7.02) is very appropriately comparable. The intratimes are the same (45 min) and the total times for Code 11971 is slightly higher than both KRC codes (28 and 17 minutes). Code 11971 at the 25th percentile is between the two selected MPC codes despite the slightly higher total time.

Additional MPC Codes:

In order to compare to all of the appropriate MPC codes, a search of the RUC data base for MPC, 90 day global, IT 40-50, TT 204-264, provided three codes. Code 11971 at the 25th percentile (wRVU = 7.02) would be **2nd lowest out of 4** total codes. However, it is important to note that code 11971 is not uncommonly performed in a hospital with additional inpatient E&M. Our survey suggests that 11971 is performed in a hospital 71% of the time with 30% of total patients staying overnight more than 24hrs with an additional 40% of patients staying overnight less than 24 hours (typically for antibiotics). This is supported as well by utilization from the 2018 RUC claims database which demonstrates 32.24% of patients had an inpatient hospital as a place of service and 52.24% had an outpatient hospital (on campus) place of service. In comparison, the other MPC codes include two hand fracture codes with 11.55% and 15.18% inpatient place of service (likely due to associated trauma and not the surgery itself) and a tumor excision codes with only 1.25% inpatient place of service. Thus, it is very appropriate for 11971 to be at the higher end of valuation within this context. A table including the relevant MPC codes is below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212	2018 Inpatient Place of Service (%)
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	**0.0174**	**5.86**	**217**	55	**45**	20	0.5	2	2	11.55%
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	**0.0497**	**6.74**	**206**	60	**45**	20	0.5	2	1	1.25%
11971	Removal of tissue expander without insertion of implant	**0.039**	**7.02**	**234**	60	**45**	20	1.0	1	3	32.24%
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	**0.0443**	**7.07**	**217**	55	**45**	20	0.5	2	2	15.18%

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 40-50, TT 204-264 reveals 11 codes (the same search as our MPC identification search). Code 11971 at the 25th percentile (wRVU = 7.02) would rank **9th highest out of 12 codes**. A rank ordered table of these codes and wRVUs is below:

CPT Code	25076	28122	28289	11971	28120	28292	65780	28291	45171	67255	67036	66183
RVU	6.74	6.76	6.90	7.02	7.31	7.44	7.81	8.01	8.03	8.38	12.13	13.20

Reducing the search to only the exact same IT and a more narrow total time range by searching for codes that are RUC surveyed in the last 10 years, 90 day global, IT 45 TT 214-254 reveals 3 codes. Code 11971 at the 25th percentile (wRVU 7.02) would **rank 2nd highest out of 4 codes**. A rank ordered table of these codes and wRVUs is below:

CPT Code	28122	28289	11971	67255
RVU	6.76	6.90	7.02	8.38

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11971

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We belive the utilization is 3x the medicare volume.

Specialty Plastic Surgery Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 950 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11971

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19328 Tracking Number

Original Specialty Recommended RVU: **7.44**
Presented Recommended RVU: **7.44**
RUC Recommended RVU: **7.44**

Global Period: 090 Current Work RVU: **6.48**

CPT Descriptor: Removal of intact breast implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female with a history of implant-based breast reconstruction develops an acute infection of the implant requiring explantation.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 68% , In the ASC 25%, In the office 7%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 45% , Overnight stay-less than 24 hours 26% , Overnight stay-more than 24 hours 29%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 24%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthestic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape an mark the anatomic landmarks of the breast. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified including the patient's current implant size/shape in case needed. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: The pre-selected access incision for removal of the breast implant is made. Dissection is performed through the breast tissue down to the implant capsule. The capsule is incised and the intact breast implant is removed. The pocket is evaluated and the capsule is scored to promote healing. The pocket is irrigated and hemostasis is assured. The patient is then sat up to assess the contour of the remaining breast/mastectomy skin. Revisions to the residual soft tissues are made to optimize the residual contours. The patient is returned to the supine position. A drain is placed. The capsule is sutured closed and the surgical incision is repaired in multiple layers.

Description of Post-Service Work: The chest is cleaned. Sterile bandages and a compressive dressing are placed. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Discharge Management Visit: The patient is typically (55% based on survey) monitored until the next day. The patient is re-examined for surgical site complications and orders are advanced for the day.Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms

of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The integrity and viability of the breast skin flaps are assessed. Antibiotic management plan is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed.

Post op visit 2: 99212
This visit typically occurs at two to three weeks post-operatively. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The contour of the healing breast skin is assessed. Antibiotic management plan is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. The wound is redressed, with home care instructions provided.

Post op visit 3: 99212
This visit typically occurs at two to three months post-operatively. The patient's convalescence to that point is reviewed. The wounds are inspected and palpated. The resultant soft tissue envelope after removal of the implant is evaluated. Patient and family questions and concerns are addressed. Revisionary or additional surgeries are discussed and planned.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19328					
Sample Size:	1000	**Resp N:**	56			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**4.00**	10.00	140.00
Survey RVW:		3.99	7.44	**9.00**	11.13	17.90
Pre-Service Evaluation Time:				**41.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		20.00	37.00	**45.00**	60.00	150.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19328	**Recommended Physician Work RVU: 7.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21556	090	7.66	**RUC Time**

CPT Descriptor Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
14060	090	9.23	**RUC Time**

CPT Descriptor Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
26615	090	7.07	**RUC Time**	2,102

CPT Descriptor 1 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	53,740

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 26.7 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 19328	Top Key Reference CPT Code: 21556	2nd Key Reference CPT Code: **14060**
Median Pre-Service Time	60.00	68.00	30.00
Median Intra-Service Time	45.00	60.00	60.00
Median Immediate Post-service Time	20.00	25.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	55.0	62.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**199.00**	**234.00**	**183.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	27%	47%	60%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	47%	20%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	27%	53%	20%
Physical effort required	13%	40%	47%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and	20%	27%	53%

judgment of physician
- Estimated risk of malpractice suit with poor outcome

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	17%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	50%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	46%	36%	18%
Physical effort required	0%	55%	45%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19328. The change made to 19328 was updating the term "mammary" to "breast". Parentheticals were added to distinguish between reporting removal of a breast implant versus removal of a tissue expander. In additional, reciprocal parentheticals were added to prevent unbundling of 19370 (Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy) with 19328 for either access through the capsule to remove the implant or for the scoring of any capsule that is performed after implant removal to improve healing.

CPT 19328	Descriptor
Previous	Removal of intact mammary implant
Updated	Removal of intact breast implant (Do not report 19328 for removal of tissue expander) (Do not report 19328 in conjunction with 19370) (For removal of tissue expander with placement of breast implant, use 11970) (For removal of tissue expander without replacement, use 11971)

During the October 2019 RUC meeting, it was agreed upon that 19328 would be surveyed along with codes 11971 and 19328 as part of the "Implant/Expander Removal" family.

Code 19328 is a Harvard valued code.

Compelling Evidence

We believe there is compelling evidence for this code based on a change in patient population. Over the 27 years since the publication of the Harvard Phase III values, there have been significant changes in the population of patients who have breast implants requiring removal. With the increased access to breast reconstruction, patients with more comorbidities require management of the infected or otherwise complicated breast implant. The change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post-periods due to the elevated complexity of discussions with the patient. This is highlighted by the recent media focus related to breast implants. Given that all of these current issues were not present during the Harvard valuation, we believe the methodology at that time may be flawed.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 7.02 which is below the survey 25th percentile, but equal to the recommended wRVU for 11971 which is a similar procedure conceptually.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 1 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time and consistent with previous times related to breast surgery.

Scrub, Dress, Wait time – We are recommending 10 minutes of scrub, dress and wait time which is 5 minutes less than the package time, but matches the survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
19328	Removal of intact breast implant	0.048	7.02	218	60	45	20	1	1	2
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	0.0455	7.66	234	68	60	25	0.5	2	1
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	0.0899	9.23	183	30	60	15		2	2

Code 19328 with an wRVU at the recommended value of 7.04 demonstrates some similarity to the selected KRC codes. Code 19328 has 15 minutes less of intra-time compared to both KRCs. Code 19328 has 16 minute less intra-time compared to KRC 21556 and is slightly lower valued. However, it has 35 minutes of additional total time compared to KRC 14060, but a much lower wRVU with a difference of -2.19wRVU.

MPC Comparison Codes

In order to try and identify appropriate MPC codes, a search of the RUC data base for MPC, 90 day global, IT 40-50, TT 188-248 was performed and identified four codes. All four codes had a wRVU less than our recommended value so the two highest codes were selected as MPC codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	0.0467	6.74	206	60	45	20	0.5	2	1
19328	Removal of intact breast implant	0.048	7.02	218	60	45	20	1	1	2
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	0.0443	7.07	217	55	45	20	0.5	2	2

Compared to the selected MPC codes, Code 19328 at the 25th percentile (wRVU 7.44) is reasonably valued. The intra-times are the same (45 min) for all three codes. Code 19328 at has +1 and +16 minutes of additional total time compared to both MPC codes. The recommended wRVU is between these codes. Based on the intensity of these procedures along with the fact that it is not uncommon for patients undergoing removal of a breast implant to require additional inpatient E&M for IV antibiotics (survey results report 29% of patients are admitted over 24hrs and review of 2018 RUC utilization for 19328 has a 13% inpatient place of service), these comparisons are reasonable.

Additional MPC Codes:

In order to try and identify appropriate MPC codes, a search of the RUC data base for MPC, 90 day global, IT 40-50, TT 188-248 was performed and identified four codes. Code 11971 at the recommended value (wRVU = 7.02) would be **ranked 2st highest out of 5** total codes. However, it is important to note that code 19328 is not uncommonly performed in a hospital with additional inpatient E&M. Our survey suggests that 19328 is performed in a hospital 68% of the time with 29% of total patients spending more than one night (typically for antibiotics). This is supported by utilization from the 2018 RUC claims database which demonstrates 13.04% of patients had an inpatient hospital as a place of service and 65.15% had an outpatient hospital (on campus) place of service. In comparison, the other MPC codes include two hand fracture codes with 11.55% and 15.18% inpatient place of service (likely due to associated trauma and not the surgery itself) and two tumor excision codes with 0.38% and 1.25% inpatient place of service, respectively. Thus, it is very appropriate for 19328 to be at the high end of valuation within this context since the additional required inpatient E&M days are not just a rare event. A table including the relevant MPC codes is below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212	2018 Inpatient Place of Service (%)
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	**0.0174**	**5.86**	**217**	55	**45**	20	0.5	2	2	11.55%
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	**0.0492**	**6.74**	**201**	60	**45**	15	0.5	2	1	0.38%
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	**0.0497**	**6.74**	**206**	60	**45**	20	0.5	2	1	1.25%
19328	Removal of intact breast implant	**0.048**	**7.02**	**218**	60	**45**	20	1		1	13.04%
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	**0.0443**	**7.07**	**217**	55	**45**	20	0.5	2	2	15.18%

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 40-50, TT 188-248 (the same criteria as our MPC search) reveals 13 codes. Code 19328 at the recommended value (wRVU = 7.02) would be ranked **9th highest out of 14 codes**. A rank ordered table of these codes and wRVUs is below:

CPT CODE	23071	25076	26116	28122	28289	19328	22869	29881	29880	28292	65780	28291	45171	67255
RVU	5.91	6.74	6.74	6.76	6.90	7.02	7.03	7.03	7.39	7.44	7.81	8.01	8.13	8.38

Reducing the search to only the exact same IT and a more narrow total time range by searching for codes that are RUC surveyed in the last 10 years, 90 day global, IT 45 TT 203-233 reveals 6 codes. Code 19328 at the recommended value (wRVU 7.02) would **rank 4th highest out of 7 codes**. A rank ordered table of these codes and wRVUs is below:

CPT CODE	25076	28122	28289	19328	28292	45171	67255
RVU	6.74	6.76	6.90	7.02	7.44	8.13	8.38

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19328

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utilization is 3x the medicare volume

Specialty Plastic Surgery Frequency 7650 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 2520 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19328

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19330 Tracking Number Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 090 Current Work RVU: **8.54** RUC Recommended RVU: **9.00**

CPT Descriptor: Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female with a history of silicone implant-based breast reconstruction develops an implant rupture detected on imaging. Removal of the implant and implant material is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 52% , In the ASC 41%, In the office 7%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 72% , Overnight stay-less than 24 hours 24% , Overnight stay-more than 24 hours 4%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 63%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and mark the appropriate anatomic landmarks. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: The pre-selected access incision for removal of the breast implant is made. Dissection is performed through the breast tissue down to the implant capsule. The capsule is incised and the ruptured breast implant is removed. Due to the implant rupture, there is free silicone gel in the extracapsular, intracapsular, or both spaces that requires separate removal to ensure adequate debridement. The pocket is evaluated and the capsule is scored to promote healing. The pocket is irrigated and hemostasis is assured. The patient is then sat up to assess the contour of the remaining breast/mastectomy skin. Revisions to the residual soft tissues are made to optimize the residual contours. The patient is returned to the supine position. A drain is placed. The capsule is sutured closed and the surgical incision is repaired in multiple layers.

Description of Post-Service Work: The chest is cleaned. Sterile bandages and a compressive dressing are placed. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Discharge Management Visit: Discharge medications are reconciled and prescriptions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions,

follow up appointments, expected postoperative course, signs and symptoms of complications. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control is discussed. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast is inspected and palpated. The integrity and viability of the soft tissues are assessed. Pathology is reviewed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed.

Post op visit 2: 99212
This visit typically occurs at two to three weeks post-operatively. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast is inspected and palpated. The contour of the healing breast skin is assessed. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. The wound is redressed, with home care instructions provided.

Post op visit 3: 99212
This visit typically occurs at two to three months post-operatively. The patient's convalescence to that point is reviewed. The wounds are inspected and palpated. The resultant soft tissue envelope after removal of the implant is evaluated. Patient and family questions and concerns are addressed. Revisionary or additional surgeries are discussed and planned.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19330					
Sample Size:	1000	**Resp N:**	56			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**5.00**	7.00	33.00
Survey RVW:		6.00	9.00	**11.00**	13.01	20.10
Pre-Service Evaluation Time:				**42.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		30.00	60.00	**75.00**	90.00	210.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19330	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64912	090	12.00	**RUC Time**

CPT Descriptor Nerve repair; with nerve allograft, each nerve, first strand (cable)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49505	090	7.96	**RUC Time**	54,088

CPT Descriptor 1 Repair initial inguinal hernia, age 5 years or older; reducible

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36821	090	11.90	**RUC Time**	31,701

CPT Descriptor 2 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 28.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 19330	Top Key Reference CPT Code: 64912	2nd Key Reference CPT Code: **15260**
Median Pre-Service Time	60.00	58.00	28.00
Median Intra-Service Time	75.00	90.00	100.00
Median Immediate Post-service Time	20.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	55.0	85.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**229.00**	**272.00**	**273.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	19%	25%	56%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	19%	68%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	21%	79%
Physical effort required	0%	23%	77%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	27%	73%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	64%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	36%	65%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	45%	37%
Physical effort required	0%	10%	90%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	27%	64%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19330. The changes made to 19330 included clarification that both the implant and the implant contents were included in the code to avoid potential unbundling. The descriptor was updated to switch

the term "mammary" to "breast". Parentheticals were added to distinguish between reporting removal of a breast implant versus removal of a tissue expander. In additional, parentheticals were added related to the placement of a new implant.

CPT 19330	Descriptor
Previous	Removal of mammary implant material
Updated	Removal of ruptured breast implant including implant contents (eg, saline, silicone gel) (Do not report 19330 for removal of ruptured tissue expander) (For removal of ruptured tissue expander with placement of breast implant, use 11970) (For removal of ruptured tissue expander without replacement, use 11971) (For placement of new breast implant during same operative session, use 19342)

During the October 2019 RUC meeting, it was agreed upon that 19330 would be surveyed along with codes 11971 and 19328 as part of the "Implant/Expander Removal" family.

Compelling Evidence

We believe there is compelling evidence for this code based on a change in patient population. Over the 27 years since the publication of the Harvard Phase III values, there have been significant changes in the population of patients who have breast implants requiring removal. With the increased access to breast reconstruction, patients with more comorbidities require management of the infected or otherwise complicated breast implant. The change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post-periods due to the elevated complexity of discussions with the patient. This is highlighted by the recent media focus related to textured breast implants.

In addition, the technology related to breast implants has changed as we are now using 4th and 5th generation implants compared to the 1st and 2nd generation implants available during the Harvard valuation process. In addition, the potential risks of ruptured breast implants and the challenges in surgical removal of silicone were surfacing right around the time of the Harvard valuation. We are still managing many of these old ruptured implants now 20+ years later with increased complexity. Given that all of these current issues were not present during the Harvard valuation, we believe the methodology for valuation of this code at that time may be flawed.

Finally, the revisions to this code, while intended to be instructional, may have changed interpretation compared to the previous more ambiguous descriptor which allowed the implant removal itself to be separately reported. It is now clearly included in the descriptor which may have cause previous flawed methodology in the previous valuation.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 9.00, the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 2 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and

neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time and consistent with previous times related to breast surgery.

Scrub, Dress, Wait time – We are recommending 10 minutes of scrub, dress and wait time which is 5 minutes less than the package time, but matches the survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	0.064	9.00	229	60	75	20	0.5	1	2
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	0.0563	11.64	273	28	100	30		5	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	0.0715	12.00	272	58	90	20	0.5	3	1

Code 19330 with an wRVU at the 25th percentile (9.00) demonstrates marginal similarity to the selected KRC codes. Code 19330 has 25 and 15 minutes less intra-time and 44 and 43 minutes less total time compared to the respective KRCs. However, code 19930 also has -25% lower wRVU which is very similar to the percent differences in both intra and total times making the comparison have some validity.

MPC Comparison Codes:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
49505	Repair initial inguinal hernia, age 5 years or older; reducible	0.0645	7.96	198	50	70	20	0.5	1	1
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	0.064	9.00	229	60	75	20	0.5	1	2
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	0.1038	11.90	233	75	75	25	0.5	1	1

In order to identify an MPC code that was lower than the recommended wRVU and an IT 65-85, it was required that we lower the total time for eligible MPC codes to use 49505. As identified in the next section, we opted not to use 49507 as it was RUC-CMS revised. Compared to the selected MPC codes, Code 19330 at the 25th percentile (wRVU 9.00) is valued appropriately if not possibly low. Code 19330 at the 25th percentile (wRVU 9.00) has +5 additional minutes of intra-time and +33 additional minutes of intra-time with a +1.04 wRVU compared to MPC 49505. Code 19330 at the 25th percentile has the same intra-time and -4 less minutes total time compared to MPC 36821 but is -2.90 less wRVU.

Additional MPC Codes:

In order to compare to all of the appropriate MPC codes, a search of the RUC data base for MPC, 90 day global, IT 65-85, TT 194-264, provided four codes. Code 19330 at the 25th percentile (wRVU = 9.00) would be **ranked 4th highest out of 5** total codes. When compared to the other three MPC codes with similar total times (+/- 7 minutes), it would be ranked 4th out of 4 codes with comparative wRVU difference of -0.09, -2.90, and -4.16wRVU which all suggest that even at the 25th percentile, 19330 may be undervalued.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
49505	Repair initial inguinal hernia, age 5 years or older; reducible	**0.0645**	**7.96**	**198**	50	**70**	20	0.5	1	1
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	**0.064**	**9.00**	**229**	60	**75**	20	0.5	1	2
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated (RUC-CMS Revised)	**0.0711**	**9.09**	**231**	63	**70**	40	0.5	1	1
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	**0.1038**	**11.90**	**233**	75	**75**	25	0.5	1	1
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	**0.1143**	**13.16**	**236**	51	**75**	45	0.5	2	

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 65-85, TT 204-254 reveals 9 codes. Code 19330 at the 25th percentile (wRVU = 9.00) would be ranked **8th highest out of 9 codes**. A rank ordered table of these codes and wRVUs is below:

CPT Code	38531	19330	49507	43285	36831	36821	58541	29828	52601
RVU	6.74	9.00	9.09	10.47	11.00	11.90	12.29	13.16	13.16

Medicare Units of Service Provided on Same Date:

AMA staff provided the units of service data on the same date data from 2017 prior to the meeting. Code 19330 had a mean number of units of 1.55 and median number of units of 2. The 25th percentile for units was 1 and the 75% percentile for units was 2. Given that many women may have bilateral implants and given the high rate of rupture seen in the 1st and 2nd generation implants previously placed prior to 1992, it is expected that many women would have two rupture implants that need to be removed.

Billed Together Data:

Based on the billed together data provided by AMA prior to this meeting from the 2017 Medicare 5% file, code 19330 was billed 55% of the time with code 19371 (old descriptor - Periprosthetic capsulectomy, breast). If both codes were reported on the same breast, with the revisions to 19371 to include "peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents", we would expect these two codes to be used together very rarely since most ruptured implants are intracapsular ruptures and thus the removal of the implant and contents would now be bundled with 19371.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☒ Other reason (please explain) The answer at the end of our additional comments section is reflective of the billed together data provided by the AMA. However, with the revision to 19371 to include "peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents", we would expect these two codes to be used together rarely since most ruptured implants are intracapsular ruptures and thus the removal of the rupture implant and contents would now be bundled with 19371.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. see above

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19330

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utilization is 3x the medicare volume.

Specialty Plastic Surgery Frequency 5400 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 1800 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19330

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Breast Implant/Expander Removal

TAB: 6

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	21556	90	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm		0.046			7.66			234	33	20	15			60			25						0.5				2	1						
2nd REF	14060	90	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		0.090			9.23			183	15	10	5			60			15										2	2						
CURRENT	11971	90	Removal of tissue expander(s) without insertion of prosthesis		-0.040			3.41			303	53					90			30						1.0				4							
SVY	11971	90	Removal of tissue expander without insertion of implant	56	0.063	4.10	7.02	8.18	11.00	18.80	235	41	10	10	20	35	45	60	12	20						1.0				1	3		0	2	4	7	55
REC	11971	90	Removal of tissue expander without insertion of implant		0.052			7.02			215	40	10	10			45			20						0.5				1	3						

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	21556	90	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm		0.046			7.66			234	33	20	15			60			25						0.5				2	1						
2nd REF	14060	90	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		0.090			9.23			183	15	10	5			60			15										2	2						
CURRENT	19328	90	Removal of intact mammary implant		0.061			6.48			173	23		15			38			20						0.5				2.5							
SVY	19328	90	Removal of intact breast implant	56	0.092	3.99	7.44	9.00	11.13	17.90	219	41	10	10	20	37	45	60	150	20						1.0				1	2		0	2	4	10	140
REC	19328	90	Removal of intact breast implant		0.072			7.44			199	40	10	10			45			20						0.5				1	2						

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	64912	90	Nerve repair; with nerve allograft, each nerve, first strand (cable)		0.072			12.00			272	33	10	15			90			20						0.5				3	1						
2nd REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30										5							
CURRENT	19330	90	Removal of mammary implant material		0.059			8.54			218	29		15			62			24						0.5				3							
SVY	19330	90	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	56	0.098	6.00	9.00	11.00	13.01	20.10	212	42	10	10	30	60	75	90	210	20										1	2		0	2	5	7	33
REC	19330	90	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)		0.064			9.00			229	40	10	10			75			20						0.5				1	2						

FACILITY DIRECT PE INPUTS

CPT CODE(S): 11971
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
11971	Removal of tissue expander without insertion of implant	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
11971	A 35-year-old female with a history of right breast cancer who has previously undergone mastectomy and placement of a tissue expander developed an infection at the breast reconstruction site requiring tissue expander removal.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11971, 19328, amd 19330).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice

expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

We are eliminating the non-facility expenses for this code as we believe that any non-facility utilization is not clinically same as the work being valued. We are recommending facility only valuation.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 11971
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19328
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19328	Removal of intact breast implant	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19328	A 60-year-old female with a history of implant-based breast reconstruction develops an acute infection of the implant requiring explantation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

We used existing PE inputs from the RUC database for this family of codes (11971, 19328, 19330).

3. Is this code(s) typically reported with an E/M service?

No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 12 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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FACILITY DIRECT PE INPUTS

CPT CODE(S): 19328
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19330
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19330	A 60-year-old female with a history of silicone implant-based breast reconstruction develops an implant rupture detected on imaging. Removal of the implant and implant material is recommended.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (11971, 19328, 19330).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We

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4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

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   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

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INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

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EF023 table, exam – standard formula
EQ168 light, exam – standard formula ED005
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19330
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURI**
2						**CPT Code 11971**		**CPT Code 11971**		**CPT Coc**
3		***RUC Collaboration Website***				Removal of tissue expander(s) without insertion of prosthesis		Removal of tissue expander without insertion of implant		Removal mammar
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 6** **Specialty: ASPS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**		**090**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 168.24**	**$ 98.15**	**$ -**	**$ 87.48**	**$ 7.40**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**214.0**	**216.0**	**0.0**	**183.0**	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**35.0**	**12.0**	**0.0**	**6.0**	**20.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**144.0**	**144.0**	**0.0**	**117.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 79.18**	**$ 79.92**	**$ -**	**$ 67.71**	**$ 7.40**
13		**PRE-SERVICE PERIOD**								
14		**Start: Following visit when decision for surgery/procedure made**								
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	5	5		5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	10	20		20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	10	20		20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	10	7		7	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37					
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37					
23			L037D	RN/LPN/MTA	0.37					
26		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.37					
29		**End: When patient enters office/facility for surgery/procedure**								
30		**SERVICE PERIOD**								
31		**Start: When patient enters office/facility for surgery/procedure:**								
32		**Pre-Service (of service period)**								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	3				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37					
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37					
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37	2				
42			L037D	RN/LPN/MTA	0.37					
45		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.37					
48		**Intra-service (of service period)**								
49	CA018	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.37					
50	CA019	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.37					
51	CA020	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.37					
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37					
55			L037D	RN/LPN/MTA	0.37					
56		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.37					
59		**Post-Service (of service period)**								
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37					
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37	5				5
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3				3
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37					
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37	10				10
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37	2				2
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37					
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37					
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037D	RN/LPN/MTA	0.37					
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate	L037D	RN/LPN/MTA	0.37					
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG	L037D	RN/LPN/MTA	0.37					
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	3				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**	**6**	**n/a**
75			L037D	RN/LPN/MTA	0.37					
78		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.37					
81		**End: Patient leaves office/facility**								
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37					
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37					
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16							
88		99212 27 minutes	27						3	
89		99213 36 minutes	36			4	4		1	
90		99214 53 minutes	53							
91		99215 63 minutes	63							
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**144.0**	**144.0**	**0.0**	**117.0**	**0.0**
93			L037D	RN/LPN/MTA	0.37					
96		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.37					
99		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURI**
2						**CPT Code 11971**		**CPT Code 11971**		**CPT Coc**
3		***RUC Collaboration Website***				Removal of tissue expander(s) without insertion of prosthesis		Removal of tissue expander without insertion of implant		Removal mammar
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 6** **Specialty: ASPS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**		**090**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 168.24**	**$ 98.15**	**$ -**	**$ 87.48**	**$ 7.40**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**214.0**	**216.0**	**0.0**	**183.0**	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**35.0**	**12.0**	**0.0**	**6.0**	**20.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**144.0**	**144.0**	**0.0**	**117.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 83.99**	**$ 17.09**	**$ -**	**$ 17.09**	**$ -**
102	SA043	pack, cleaning, surgical instruments	8.9745	pack		1				
103	SA048	pack, minimum multi-specialty visit	3.0815	pack		5	4		4	
104	SA054	pack, post-op incision care (suture)	4.7635	pack		1	1			
105	SA069	tray, suturing	8.9515	tray		1				
106	SB007	drape, sterile barrier 16in x 29in	0.502	item		1				
107	SB033	mask, surgical	0.153	item		2				
108	SC029	needle, 18-27g	0.0645	item		1				
109	SC055	syringe 3ml	0.173	item		3				
110	SF016	cautery, monopolar, electrode tip	0.3945	item		1				
111	SF018	cautery, monopolar, electrode, needle	2.466	item		1				
112	SF020	cautery, monopolar, pencil-handpiece	5.154	item		1				
113	SF021	cautery, patient ground pad w-cord	5.045	item		1				
114	SF033	scalpel with blade, surgical (#10-20)	0.867	item		1				
115	SF036	suture, nylon, 3-0 to 6-0, c	2.8055	item		2				
116	SF040	suture, vicryl, 3-0 to 6-0, p, ps	8.186	item		2				
117	SG017	bandage, Kling, non-sterile 2in	1.0065	item						
118	SG020	bandage, Kling, sterile 4in	0.685	item		2				
119	SG035	dressing, 3in x 4in (Telfa, Release)	0.097	item						
120	SG041	dressing, 5in x 9in (Xeroform)	1.628	item		1				
121	SG055	gauze, sterile 4in x 4in	0.1745	item						
122	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.072	ml		20				
123	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2.707	item		1				
124	SJ007	bacitracin oint (0.9gm uou)	0.1105	item		1				
125	SJ028	hydrogen peroxide	0.0215	ml						
126	SK075	skin marking pen, sterile (Skin Skribe)	1.334	item		1				
127	SA031	kit, suture removal	1.347	kit						
128	SA054	pack, post-op incision care (suture)	4.7635	pack					1	
129		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*								
131	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
132		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 5.07**	**$ 1.14**	**$ -**	**$ 2.68**	**$ -**
133	EF023	table, exam	3037.9485	Office Visits	0.006757594	108	108			
134	EQ168	light, exam	1431.5035	Office Visits	0.003798819	108	108		117	
135	EF031	table, power	6030.195	Office Visits	0.016002488	129			117	
136	EF014	light, surgical	2872.8985		0.006390458	129				
137	EF015	mayo stand	526.782		0.001171771	129				
138	ED004	camera, digital (6 mexapixel)	549.3285		0.002176547	129				
139	EQ137	instrument pack, basic ($500-$1499)	500		0.002323783	129				
140	EQ110	electrocautery-hyfrecator, up to 45 watts	906.29		0.002405046	129				
141	ED005	camera, digital system, 12 megapixel (medical grade)	4589.081	Other Formula	0.018182839				20	
142		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								

	A	B	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**de 19328**	**CPT Code 19328**		**CPT Code 19330**		**CPT Code 19330**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 6** **Specialty: ASPS**	of intact y implant	Removal of intact breast implant		Removal of mammary implant material		Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 75.27**	**$ -**	**$ 73.87**	**$ -**	**$ 82.45**	**$ -**	**$ 73.87**
8		**TOTAL CLINICAL STAFF TIME**	**156.0**	**0.0**	**156.0**	**0.0**	**174.0**	**0.0**	**156.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**90.0**	**0.0**	**90.0**	**0.0**	**108.0**	**0.0**	**90.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 57.72**	**$ -**	**$ 57.72**	**$ -**	**$ 64.38**	**$ -**	**$ 57.72**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	20		20		20		20
17	CA003	Schedule space and equipment in facility	8		8		8		8
18	CA004	Provide pre-service education/obtain consent	20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	7		7		7		7
20	CA006	Confirm availability of prior images/studies							
21	CA007	Review patient clinical extant information and questionnaire							
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
23									
26		*Other activity: please include short clinical description here and type new in*							
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are							
34	CA010	Obtain vital signs							
35	CA011	Provide education/obtain consent							
36	CA012	Review requisition, assess for special needs							
37	CA013	Prepare room, equipment and supplies							
38	CA014	Confirm order, protocol exam							
39	CA015	Setup scope (nonfacility setting only)							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
41	CA017	Sedate/apply anesthesia							
42									
45		*Other activity: please include short clinical description here and type new in*							
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related to							
50	CA019	Assist physician or other qualified healthcare professional---directly related to							
51	CA020	Assist physician or other qualified healthcare professional---directly related to							
52	CA021	Perform procedure/service---NOT directly related to physician work time							
55									
56		*Other activity: please include short clinical description here and type new in*							
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4							
61	CA023	Monitor patient following procedure/service, no multitasking							
62	CA024	Clean room/equipment by clinical staff							
63	CA025	Clean scope							
64	CA026	Clean surgical instrument package							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports							
67	CA029	Check dressings, catheters, wounds							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and							
69	CA031	Review examination with interpreting MD/DO							
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate							
71	CA033	Perform regulatory mandated quality assurance activity (service period)							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG							
73	CA035	Review home care instructions, coordinate visits/prescriptions							
74	CA036	Discharge day management	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75									
78		*Other activity: please include short clinical description here and type new in*							
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications							
85	CA038	Coordinate post-procedure services							
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes							
88		99212 27 minutes			2				2
89		99213 36 minutes	2.5		1		3		1
90		99214 53 minutes							
91		99215 63 minutes							
92	CA039	Post-operative visits (total time)	**90.0**	**0.0**	**90.0**	**0.0**	**108.0**	**0.0**	**90.0**
93									
96		*Other activity: please include short clinical description here and type new in*							
99		**End: with last office visit before end of global period**							

	A	B	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**de 19328**	**CPT Code 19328**		**CPT Code 19330**		**CPT Code 19330**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 6** **Specialty: ASPS**	of intact y implant	Removal of intact breast implant		Removal of mammary implant material		Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 75.27**	**$ -**	**$ 73.87**	**$ -**	**$ 82.45**	**$ -**	**$ 73.87**
8		**TOTAL CLINICAL STAFF TIME**	**156.0**	**0.0**	**156.0**	**0.0**	**174.0**	**0.0**	**156.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**90.0**	**0.0**	**90.0**	**0.0**	**108.0**	**0.0**	**90.0**
100	**Supply Code**	**MEDICAL SUPPLIES**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 16.94**	**$ -**	**$ 14.01**	**$ -**	**$ 17.34**	**$ -**	**$ 14.01**
102	SA043	pack, cleaning, surgical instruments							
103	SA048	pack, minimum multi-specialty visit	3		3		3		3
104	SA054	pack, post-op incision care (suture)					1		
105	SA069	tray, suturing							
106	SB007	drape, sterile barrier 16in x 29in							
107	SB033	mask, surgical							
108	SC029	needle, 18-27g							
109	SC055	syringe 3ml							
110	SF016	cautery, monopolar, electrode tip							
111	SF018	cautery, monopolar, electrode, needle							
112	SF020	cautery, monopolar, pencil-handpiece							
113	SF021	cautery, patient ground pad w-cord							
114	SF033	scalpel with blade, surgical (#10-20)							
115	SF036	suture, nylon, 3-0 to 6-0, c							
116	SF040	suture, vicryl, 3-0 to 6-0, p, ps							
117	SG017	bandage, Kling, non-sterile 2in	3				2		
118	SG020	bandage, Kling, sterile 4in							
119	SG035	dressing, 3in x 4in (Telfa, Release)	3				2		
120	SG041	dressing, 5in x 9in (Xeroform)							
121	SG055	gauze, sterile 4in x 4in	6				4		
122	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)							
123	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)							
124	SJ007	bacitracin oint (0.9gm uou)							
125	SJ028	hydrogen peroxide	30				20		
126	SK075	skin marking pen, sterile (Skin Skribe)							
127	SA031	kit, suture removal	2						
128	SA054	pack, post-op incision care (suture)			1				1
129		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
131	**Equipment Code**	**EQUIPMENT**							
132		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.61**	**$ -**	**$ 2.15**	**$ -**	**$ 0.73**	**$ -**	**$ 2.15**
133	EF023	table, exam	90				108		
134	EQ168	light, exam			90				90
135	EF031	table, power			90				90
136	EF014	light, surgical							
137	EF015	mayo stand							
138	ED004	camera, digital (6 mexapixel)							
139	EQ137	instrument pack, basic ($500-$1499)							
140	EQ110	electrocautery-hyfrecator, up to 45 watts							
141	ED005	camera, digital system, 12 megapixel (medical grade)			20				20
142		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Secondary Breast Mound Procedure – Tab 7

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen codes to provide descriptor clarification of any overlap in physician work for breast reconstruction services. In the CPT coding changes application, the specialty stated that this change is editorial and does not involve a change in work. At the April 2019 RUC meeting, the RUC agreed that the seventeen breast reconstruction services should be surveyed for the October 2019 RUC meeting. Codes 11960, 19316, 19350, 19355, and 19396 were also included as being part of the same code family. Based on the change in the typical patient for CPT code 11971 and multiple Harvard valued codes, the RUC agreed that all twenty-two of these services be surveyed, contrary to the specialty initial recommendation that these changes are editorial only and do not require surveying. At that time, the RUC had recommended surveying all twenty-two codes for the October 2019 RUC meeting.

At the October 2019 RUC meeting, the specialty elected to survey two of the codes and send a third code to CPT for revision. The specialty noted that the designation of a single 22 code family was too broad, and that the family categorization should be more granular than surgical procedures for the repair and/or reconstruction of the same anatomic region. The specialties proposed 8 families of services to the RUC noting that this categorization assign similar procedures together and ensures that the survey process is effective. The RUC concurred with the more granular classification of families that group analogous procedures together. Furthermore, the specialty indicated, and the RUC agreed, that three of the code families, autologous reconstruction, nipple procedures and moulage formation were not identified by any RAW screens, had no change to their work from CPT revisions and had no obvious flaws to their valuation (i.e., a site of service valuation issue), and therefore would not need to be reviewed at this time. The RUC agreed that, although the specialty societies had conducted surveys of code 11970 and 11971 for October 2019, these services should be resurveyed with their newly identified respective code families. In October 2019, the RUC reviewed these family of services with the specialty societies and agreed that these services should be surveyed for physician work and practice expense in January 2020. The *Breast Implant/Expander Placement* code family was one of the code families identified by the RUC for review for the January 2020 RUC meeting.

Compelling Evidence

The RUC reviewed and accepted compelling evidence based on change in procedure technique for all three services in this family. Code 19370 was revised by CPT where it now includes multiple different elements of work on the capsule that previously were not part of the code including partial capsulectomy and capsulorrhaphy. The work of suturing the capsule, tightening the capsule and/or removing a section of it is additional work that was not previously described by the old code descriptor. When this code was originally valued, there were fewer maneuvers performed relative to the modern typical patient and procedure. The inclusion of these maneuvers adds work that is now inclusive in the code descriptor. Code 19371 was revised by CPT where it now includes additional elements of work, the removal of all capsule contents, that was not previously part of the descriptor. Code 19380 was previously extremely vague, “revision of reconstructed breast” — now this service has been formally defined in detail. The descriptor revisions describe separate maneuvers were previously vague.

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The RUC also reviewed and accepted compelling evidence based on change in patient population for all three services in this family, 19370, 19371 and 19380 based on a change in patient population. The number of patients that are eligible for breast reconstruction has changed. Twenty or thirty years ago, patients would only be typically undergoing this procedure if the patient did not have a BMI under 30 and nor major comorbidities. Now, breast reconstruction is appropriately provided to a much broader patient population, including many more oncology patients, due to advancements in care and surgical technique over the past few decades. With the increased access to breast reconstruction, patients with more comorbidities require management of the infected or otherwise complicated breast implant. The change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post- periods due to the elevated complexity of discussions with the patient.

19370 ***Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy***
The RUC reviewed the survey results from 42 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 78 minutes for intra-service time, 24 minutes for immediate post-time, 0.5 99238 discharge visit and 3 99213 post-operative office visits. The evaluation is spent in part in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times and work RVU (0.046) is inappropriately low for this intense major surgical procedure, which strongly implies the current total times are inflated relative to the current work RVU and not valid for comparison to the new times. During the initial Harvard study, only overall post-operative time was surveyed; data on the number and level of hospital and office post-operative visits were not collected. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC reviewed the hospital and office visits for code 19370 and the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC reviewed the survey 25th percentile work RVU of 10.00 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 10.00, the RUC compared the survey code to CPT code 36831 *Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)* (work RVU= 11.00, intra-service time of 85 minutes, total time of 248, RUC reviewed in 2013) and noted that the reference code involves somewhat more intra-service time and similar total time, and a value of 10.00 for the survey code would value it appropriately relative to this reference service. The RUC also reviewed reference codes 64910 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve* (work RVU= 10.52, intra-service time of 75 minutes, total time of 257 minutes) and code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU= 11.90, intra-service time of 75 minutes, total time of 233 minutes) and agreed that although these services both have 3 minutes less intra-service time relative to the survey code, both of them are somewhat more intense to perform. **The RUC recommends a work RVU of 10.00 for CPT code 19370.**

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19371 ***Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents***
The RUC reviewed the survey results from 42 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 90 minutes for intra-service time, 25 minutes for immediate post-time, 0.5 99238 discharge visit, 2 99213 post-operative office visits and 1 99212 post-operative office visit. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The specialty noted that the work of removal of intra-capsular contents, which was newly added to the code descriptor was formerly reported by many providers separately with either code 19328 or 19330. In the 2017 Medicare reported together data, CPT code 19371 was reported with these services 14.5 percent of the time and 15 percent of the time, respectively.

The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times and work RVU (0.039) is inappropriately low for this intense major surgical procedure, which strongly implies the current total times are inflated relative to the current work RVU and not valid for comparison to the new times. During the initial Harvard study, only overall post-operative time were surveyed; data on the number and level of hospital and office post-operative visits were not collected. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC has had the opportunity to review the hospital and office visits for code 19371 and the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC reviewed the survey 25th percentile work RVU of 10.81 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify work a work RVU of 10.81, the RUC compared the survey code to MPC code 60220 *Total thyroid lobectomy, unilateral; with or without isthmusectomy* (work RVU= 11.19, intra-service time of 90 minutes, total time of 267 minutes) and noted that both services have identical intra-service times and very similar total times, whereas the reference code is slightly more intense intra-operatively. The RUC also compared the survey code to CPT code 36831 *Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)* (work RVU= 11.00, intra-service time of 85 minutes, total time of 248, RUC reviewed in 2013), noting that both services involve a similar amount of physician work and similar times and therefore should be valued similarly. The RUC also reviewed reference codes 64910 *Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve* (work RVU= 10.52, intra-service time of 75 minutes, total time of 257 minutes) and 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU= 11.90, intra-service time of 75 minutes, total time of 233 minutes) and agreed that they appropriately bracket the recommended value for survey code 19371. **The RUC recommends a work RVU of 10.81 for CPT code 19371.**

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19380 ***Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)***
The RUC reviewed the survey results from 41 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 25 minutes for immediate post-time, 0.5 99238 discharge visit, 2 99213 post-operative office visits and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times and work RVU (0.049) is inappropriately low for this intense major surgical procedure, which strongly implies the current total times are inflated relative to the current work RVU and not valid for comparison to the new times. During the initial Harvard study, only overall post-operative time were surveyed; data on the number and level of hospital and office post-operative visits were not collected. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC has had the opportunity to review the hospital and office visits for code 19380 and the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC reviewed the survey 25th percentile work RVU of 12.00 and agreed that this value appropriately accounts for physician work involved when performing this service. To justify a work RVU of 12.00, the RUC compared the survey code to CPT code 64569 *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator* (work RVU=11.00, intra-service time of 120 minutes, total time of 312 minutes) and noted that both services have identical intra-service times, similar total times, though the survey code is a more intense intraoperative service for the physician. The RUC also compared the survey code to MPC code 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU= 14.56, intra-service time of 120 minutes, total time of 279 minutes) and noted that both services have identical intra-service time, whereas the reference code is a somewhat more intense service to perform. Following the review of these and other reference codes, the RUC agreed that the survey 25th percentile work RVU of 12.00 is appropriate. **The RUC recommends a work RVU of 12.00 for CPT code 19380.**

Practice Expense
The Practice Expense Subcommittee had changed the exam table to a power table for each code which is typical for this specialty. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repair (Closure) **Other Flaps and Grafts**				
●*15769*		*Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)* *(For injection[s] of platelet-rich plasma, use 0232T)*		
●*15771*		*Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate* *(Report 15771 only once per session)*		
✚●*15772*		*each additional 50cc injectate, or part thereof (List separately in addition to code for primary procedure)* *(Use 15772 in conjunction with 15771)*		
Breast **Repair and/or Reconstruction**				
		Breast reconstruction is performed to repair defects due to congenital anomaly or loss of breast tissue after a surgical excision. The goal of breast reconstruction is to correct the anatomic defect and to restore form and breast symmetry. A breast can be reconstructed using a single technique or a combination of techniques, and each technique can stand alone. Additionally, both breasts may be reconstructed at the same time, but may use different techniques or a combination of techniques. In many instances breast reconstruction requires more than one planned procedure or may require revisions. The native breast may be altered using different techniques. The breast and breast mound can be lifted with a mastopexy (19316), reduced in volume with a breast reduction (19318), or augmented with a breast implant (19325). Post-mastectomy breast reconstruction may be performed using a variety of techniques. An implant-based reconstruction involves placement of a device filled with fluid (eg, saline, silicone gel) to provide volume to the breast. In immediate reconstruction, an implant is placed primarily at the time of a mastectomy (19340). In delayed reconstruction, an implant is placed at any date separate from the mastectomy (19342). This includes placement of any new implant or replacement of an existing implant within the mastectomy defect or reconstructed breast. The removal of an intact breast implant for replacement is included in 19342. A breast implant cannot always be placed due to the lack of an adequate skin envelope. Code 19357 describes insertion of a tissue expander which is a device that is surgically implanted to create an adequate sized pocket for subsequent insertion of a permanent implant. A tissue expander is an		

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inflatable device placed beneath the skin and chest muscle, into which saline is injected over a period of weeks in the office to create the implant pocket. The tissue expander is eventually removed and may be replaced with a permanent breast implant (11970). Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately when performed with flap reconstruction (19361, 19364, 19366, 19367, 19368,19369).

Code 11970 describes the removal of a tissue expander with concurrent insertion of a permanent breast implant. Code 11970 includes removal of the expander, minor revisions to the breast capsule and placement of the new breast implant. Code19370 may be reported in addition to 11970 if more extensive capsular revision is performed. Code 11971 describes the removal of a tissue expander without replacement of an expander or implant.

Autologous breast reconstruction involves harvesting a flap of skin, subcutaneous fat and/or muscle from one area of the body and relocating the tissue to the anterior chest to create a new breast mound. Flap reconstruction may be performed at the time of mastectomy or in a delayed fashion depending on patient preference and other oncologic treatments.

Code 19361 describes breast reconstruction with a flap composed of the latissimus dorsi muscle including some of the overlying skin and subcutaneous fat to reconstruct the breast mound. This flap is left on its vascular pedicle and tunneled beneath the armpit skin to the anterior chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the axilla. To give the breast mound additional volume, a tissue expander or permanent breast implant may be placed beneath the latissimus flap. Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately.

Code 19364 describes a microsurgical free tissue transfer of skin, and subcutaneous fat and/or muscle for breast reconstruction. This code includes the flap harvest, microsurgical anastomosis of one artery and two veins with use of an operating microscope, flap inset as a breast mound, and donor site closure. Typical free flaps include free transverse rectus abdominis myocutaneous (fTRAM), deep inferior epigastric perforator (DIEP), superficial inferior epigastric artery (SIEA), or gluteal artery perforator (GAP) flaps.

Code 19367 describes a single pedicled transverse rectus abdominis myocutaneous (TRAM) flap, where skin, subcutaneous fat, and a large portion of the rectus abdominis muscle from the lower abdomen is moved beneath the upper abdominal wall skin up to the chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the abdomen.

Code 19368 describes "supercharging" of a single pedicled TRAM flap. This is typically performed to increase blood flow in TRAM flaps with marginal circulation to ensure flap survival. In addition to the standard unipedicle TRAM procedure, the inferior epigastric artery and/or veins are also anastomosed to recipient vessels in the chest using microsurgical techniques.

Code 19369 describes a bipedicled TRAM flap in which skin, subcutaneous fat and both rectus muscles are harvested for the reconstruction of a single breast. The dual blood supply to the flap is left attached to its origins in the abdomen.

Secondary and ancillary breast reconstruction procedures include nipple reconstruction (19350), implant adjustments through revisions to the breast capsule (19370), or removal of the entire breast capsule via a complete capsulectomy (19371) to achieve correct breast tissue positioning. In addition, procedures may be performed on the contralateral breast to create symmetry (19316, 19318, 19325). Removal of an intact breast implant without replacement is reported with 19328. Removal of a ruptured breast implant, including the implant contents, is reported with 19330. A complete capsulectomy (19371) includes removal of the breast implant and all intracapsular contents.

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Code 19380 describes a revision of a reconstructed breast, including significant excision of tissue re-advancement or re-inset of flaps. For autologous reconstruction, this code is inclusive of revisions of the flap position on the chest wall, removal of portions of the flap (via direct excision or liposuction), re-shaping of the flap, or scar revisions. However, if a limited procedure is performed with a defined code (eg, scar revision) then the more specific code should be used. The placement of a new implant (19342) or autologous fat grafting for increased volume (*15771, 15772*) may be separately reportable. For implant-based reconstruction, 19380 is inclusive of revisions to the skin and capsule when performed together. The exchange for a new or different size/shape/type of implant (19342) or autologous fat grafting for increased volume/contour irregularities *(15771, 15772*) may be separately reportable. Nipple reconstruction is reported with 19350 and includes local flaps (14000,14001), areolar skin grafting (15100, 15200, 15201), and subsequent tattooing (11920, 11921, 11922).

Code 19396 describes the formation of a moulage cast of a patient's chest defect. The mold is used to fabricate a specific, custom made implant that fits the patient's defect.

(To report bilateral procedures, report modifier 50 with the procedure code)

(For biological implant for soft tissue and/or breast implant reinforcement, use 15777 in conjunction with the primary procedure)

▲19370	A10	~~Open periprosthetic capsulotomy, breast~~ Revision of ~~periprosthetic~~ peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy (Do not report 19370 in conjunction with 19328 for removal and replacement of same implant to access capsule) (For removal and replacement with new implant, use 19342)	090	10.00
▲19371	A11	~~Periprosthetic~~ Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents (Do not report 19371 in conjunction with 19328) (Do not report 19371 in conjunction with 19370 in same breast) (For removal and replacement with new implant, use 19342)	090	10.81

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▲19380	A12	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) (Do not report 19380 in conjunction with 12031, 12032, 12033, 12034, 12035, 12036, 12037, 13100, 13101, 13102, 15877, 19316, 19318, 19370, for the same breast)	090	12.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19370 Tracking Number Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **10.00**
Global Period: 090 Current Work RVU: **9.17** RUC Recommended RVU: **10.00**

CPT Descriptor: Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with a history of breast cancer who previously underwent a mastectomy with implant-based breast reconstruction later develops inferior lateral displacement of the implant resulting in asymmetry with the contralateral breast. Revision of the breast capsule including superior and medial capsulotomies combined with inferior and lateral capsulorrhaphies are planned.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 48% , In the ASC 48%, In the office 4%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 85% , Overnight stay-less than 24 hours 15% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthestic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and identify the planned revisions to the capsule. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified including the patient's current implant size/shape in case needed. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: An incision is performed on the breast followed by a meticulous dissection of the subcutaneous tissues. Hemostasis is obtained. The surgeon performs a capsulotomy to enter the implant pocket. The current implant is carefully removed and placed in an antibiotic solution on the back table. The surgeon then inspects the surface of the pocket/capsule to assess for any abnormalities. Revisions to the capsule are then made including capsulotomies (incision through the capsule to allow for expansion), partial capsulectomies (excision of a portion of the capsule to allow for additional expansion), and/or capsulorrhaphies (suturing or tightening of the capsule to restrict and area). The surgeon then places an implant sizer matching the current implant into the pocket and provisionally closes the wound. After the back of the operating room table is raised, the surgeon assesses the shape of the breast under the effects of gravity. Subsequent further revisions are then made to the capsule until the desired outcome for breast shape is met. The breast incision is then reopened and the implant sizer removed. The implant pocket is irrigated copiously after removal of the sizer. A closed suction drain is placed if deemed appropriate. The operative team then changes their gloves and the patient's chest is painted with betadine paint. The previous implant is placed into the pocket making sure that it is in the

appropriate orientation and using a no-skin touch technique. The pocket is irrigated once again. The access incision in the capsule is reapproximated and the overlying soft tissues are closed in a layered fashion

Description of Post-Service Work: The chest is cleaned. A dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The integrity and viability of the breast skin flaps are assessed. The position of the implant is assessed as are both the cosmesis of the implant and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99213
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast wound is inspected and palpated. The integrity and viability of the skin flaps is assessed. The position of the implant is assessed, with particular attention to the inframammary fold, as are both the cosmesis of the implant and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slow lifting of post-operative restrictions.

Post op visit 3: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The surgical site is evaluated. The position of the implant is assessed as are both the cosmesis of the implant and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The next stages of reconstruction are discussed including any necessary revisions and the timing of nipple reconstruction

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19370					
Sample Size:	1000	**Resp N:**	42			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	25.00	100.00
Survey RVW:		6.50	10.00	**11.67**	12.38	24.50
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		40.00	60.00	**78.00**	114.00	183.00
Immediate Post Service-Time:	**24.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19370	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**78.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**24.00**	**30.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	69.00	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
14060	090	9.23	**RUC Time**

CPT Descriptor Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21015	090	9.89	**RUC Time**	622

CPT Descriptor 1 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36821	090	11.90	**RUC Time**	31,701

CPT Descriptor 2 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 30.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 19370	Top Key Reference CPT Code: 15260	2nd Key Reference CPT Code: **14060**
Median Pre-Service Time	65.00	28.00	30.00
Median Intra-Service Time	78.00	100.00	60.00
Median Immediate Post-service Time	24.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	69.0	115.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**255.00**	**273.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	15%	69%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	15%	77%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	42%	58%
Physical effort required	0%	23%	77%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	23%	77%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	10%	60%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	20%	80%
Physical effort required	0%	10%	90%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	10%	90%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19370. The descriptor for 19370 was updated to be inclusive of all the surgical maneuvers that can be performed to the capsule [the scar that forms around an implant] in order to improve the shape of the breast mound. The previous descriptor only included incising the capsule which created confusion among surgeons

and coders when the capsule was plicated (capsulorrhaphy) or partially excised as no other codes described these frequent maneuvers. In addition, a parenthetical was added to prevent unbundling for removal and then replacement of the implant in order to access the capsule since this would be necessary in order to revise the capsule. A second parenthetical related to the placement of new implant was also added.

CPT 19370	Descriptor
Previous	Open periprosthetic capsulotomy, breast
Updated	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy (Do not report 19370 in conjunction with 19328 for removal and replacement of same implant to access capsule) (For removal and replacement with new implant, use 19342)

During the October 2019 RUC meeting, it was agreed upon that 19370 would be surveyed along with codes 19371 and 19380 as part of the "Secondary Breast Mound" family.

Code 19370 is a Harvard valued code.

Compelling Evidence

We believe there is compelling evidence for this code based on a change in patient population. Over the 27 years since the publication of the Harvard Phase III values, there have been significant changes in the population of patients seeking post-mastectomy breast reconstruction as well as in the techniques used. Not only are more women expecting to have breast reconstruction, but previous comorbidities no longer limit who is a candidate for breast reconstruction. There has been a significant increase in patient expectations to have a near-normal appearing breast reconstruction instead of an amorphous mound on the chest which used to be more acceptable. This change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post- periods due to the elevated complexity of discussions with the patient. This is highlighted by the recent media focus related to textured breast implants and including the role of the capsule.

In addition, the code descriptor now includes multiple different elements of work on the capsule that previously were not part of the code including partial capsulectomy and capsulorrhaphy. The inclusion of these maneuvers adds work that is now inclusive in the code. We believe this addition to the descriptor is equivalent to misleading vignette/survey assumptions in the previous Harvard valuation.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 10.00, the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 5 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time and consistent with previous times related to breast surgery.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which matches our survey results and the package time. This is supported by our median survey time.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 24 minutes which is a decrease of 6 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	**0.0899**	**9.23**	**183**	30	**60**	15			2	2
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	**0.060**	**10.00**	**255**	65	**78**	24			3	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	**0.0563**	**11.64**	**273**	28	**100**	30			5	

Code 19370 with an wRVU at the 25th percentile demonstrates reasonable similarity to the two KRC codes selected for comparison. Code 19370 has a longer intra-time and total time (18 and 72 minutes, respectively) compared to Code 14060 which is reflected in the increased wRVU. Code 19370 has a shorter intra-time and total time (22 and 18 minutes, respectively) compared to Code 15260 which is reflected in the decreased wRVU.

MPC Comparison Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	**0.0527**	**9.89**	**277**	68	**75**	30	0.5	3	1
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	**0.060**	**10.00**	**255**	65	**78**	24	0.5	3	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	**0.1038**	**11.90**	**233**	75	**75**	25	0.5	1	1

There are a limited number of MPC codes with intra-times near 75 minutes without going to either 60 minutes or 90 minutes. Code 19370 with an wRVU at the 25th percentile demonstrates good similarity to the two MPC codes selected for comparison. The intra-times for the KRCs are nearly identical with Code 19370. Code 19370 at the 25th percentile (wRVU = 10.00) has 22 less minutes of total time compared to Code 21015 with a slightly increased wRVU (+0.11). However, Code 19370 at the 25th percentile (wRVU = 10.00) has 22 minutes more total time compared to code 38683 with a notable decreased in wRVU (-1.90).

Additional MPC Codes:

As noted above, the MPC list is limited in the number of codes with an intra-time that is between, but not equal to 60 or 90 minutes. Searching the RUC data base for MPC, 90 day global, IT 70-85, TT 230-280, there are only four codes. Code 19370 at the 25th percentile (wRVU = 10.00) would be **3rd lowest out of 5** total codes. In addition, all four of the MPC codes have lower intra-times and three of the four (including both with significantly higher wRVUs) have shorter total times. A table with these results is below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	**0.0711**	**9.09**	**231**	63	**70**	40	0.5	1	1
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	**0.0527**	**9.89**	**277**	68	**75**	30	0.5	3	1
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	**0.060**	**10.00**	**255**	65	**78**	24	0.5	3	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	**0.1038**	**11.90**	**233**	75	**75**	25	0.5	1	1
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	**0.1143**	**13.16**	**236**	51	**75**	45	0.5	2	

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 70-85, TT 240-270 reveals 6 codes. Code 19370 at the 25th percentile (wRVU = 10.00) would be the **5th highest of 7 codes**. A rank ordered table of these codes and wRVUs is below:

CPT CODE	28297	28299	19370	15120	64910	36831	29828
RVU	9.29	9.29	10.00	10.15	10.52	11.00	13.16

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19370

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utlization is 3x the medicare volume.

Specialty Plastic Surgery Frequency 5700 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 1900 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19370

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19371 Tracking Number Original Specialty Recommended RVU: **10.81**
Presented Recommended RVU: **10.81**
Global Period: 090 Current Work RVU: **10.62** RUC Recommended RVU: **10.81**

CPT Descriptor: Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female with a history of implant-based breast reconstruction develops a grade IV capsular contracture. A complete capsulectomy with implant removal is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 48% , In the ASC 50%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 70% , Overnight stay-less than 24 hours 30% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 50%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and design incisions based on final desired outcome. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: An incision is performed on the breast followed by a meticulous dissection of the subcutaneous tissues. In order to try and remove the scarred capsule and the intra-capsular contents, the surgeon dissects the breast and/or pectoralis muscle off the anterior surface of the capsule while trying to avoid injury to the capsule. Once completely around the anterior surface, the posterior portion of the capsule is then elevated off the pectoralis muscle/ribs/chestwall (depending on previous location of the implant). The entire capsule is subsequently excised including any rememant segements in a piece-meal fashion. All excised capsule and any implant/implant contents within the capsule are sent for pathology. The pocket is irrigated with saline and hemostasis assured. The skin is then tailor tacked closed. After the back of the operating room table is raised, the surgeon assesses the shape of the breast under the effects of gravity. Minor revisions are then made to the soft tissue envelope until the desired outcome for residual breast shape is met. The patient is returned to the supine position. A closed suction drain is placed if deemed appropriate. The soft tisses and incision are closed in a layered fashion

Description of Post-Service Work: The chest is cleaned. A compressive dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast wound is inspected and palpated. The integrity and viability of the breast skin flaps are assessed. The residual shape and cosmesis of the breast is evaluated. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra. Pathology findings are reviewed.

Post op visit 2: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast wound is inspected and palpated. The integrity and viability of the skin flaps is assessed. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting post-operative restrictions.

Post op visit 3: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The surgical site is evaluated. The final shape of the breast or breast defect is evaluated. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The indication for additional surgeries or reconstruction are discussed with the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19371					
Sample Size:	1000	**Resp N:**	42			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**15.00**	23.00	75.00	
Survey RVW:	8.00	10.81	**12.25**	15.00	36.66	
Pre-Service Evaluation Time:			**44.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	77.00	**90.00**	120.00	180.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19371	**Recommended Physician Work RVU: 10.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**30.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64912	090	12.00	**RUC Time**

CPT Descriptor Nerve repair; with nerve allograft, each nerve, first strand (cable)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15576	090	9.37	**RUC Time**	4,217

CPT Descriptor 1 Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60220	090	11.19	**RUC Time**	7,919

CPT Descriptor 2 Total thyroid lobectomy, unilateral; with or without isthmusectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 35.7 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 19371	Top Key Reference CPT Code: 64912	2nd Key Reference CPT Code: **15260**
Median Pre-Service Time	65.00	58.00	28.00
Median Intra-Service Time	90.00	90.00	100.00
Median Immediate Post-service Time	25.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	62.0	85.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**261.00**	**272.00**	**273.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	33%	34%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	33%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	29%	57%
Physical effort required	0%	27%	73%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	27%	73%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	54%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	8%	92%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	8%	77%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19371. The descriptor for 19371 was updated to include the removal of all of the contents (i.e. the implant and any implant fill material) within the caspule (the scar that forms around an implant) as inclusive with the procedure and prevent duplication of work. The previous descriptor only included excising the entire

capsule which created confusion among surgeons and coders related to the management of the intracapsular contents and specifically a ruptured implant. In some situations, 19330 was used in addition to code 19371 despite it otherwise being impossible to perform a complete capsulectomy and not remove all of the intracapsular contents. In addition, the word "complete" was added to distinguish the work from excision of a smaller portion of the capsule which is now clearly described as part of 19370 (Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy). Parentheticals were added to prevent unbundling with 19371 and 19328 (Removal of intact breast implant). An additional parenthetical prevents reporting 19371 and 19370 in the same breast since a complete capsulectomy would no longer allow for a capsular revision procedure. A third parenthetical related to the placement of new implant was also added.

CPT 19371	Descriptor
Previous	Periprosthetic capsulectomy, breast
Updated	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents (Do not report 19371 in conjunction with 19328) (Do not report 19371 in conjunction with 19370 in same breast) (For removal and replacement with new implant, use 19342)

During the October 2019 RUC meeting, it was agreed upon that 19371 would be surveyed along with codes 19370 and 19380 as part of the "Secondary Breast Mound" family.

Code 19371 is a Harvard valued code.

Compelling Evidence

We believe there is compelling evidence for this code based on a change in patient population. Over the 27 years since the publication of the Harvard Phase III values, there have been significant changes in the population of patients seeking post-mastectomy breast reconstruction as well as in the techniques used. Not only are more women expecting to have breast reconstruction, but previous comorbidities no longer limit who is a candidate for breast reconstruction. There has been a significant increase in patient expectations to have a near-normal appearing breast reconstruction instead of an amorphous mound on the chest which used to be more acceptable. This change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post- periods due to the elevated complexity of discussions with the patient. This is highlighted by the recent media focus related to breast implants and including the role of the capsule. The recommend procedure now for many patients with breast implant concerns is a complete capsulectomy.

In addition, the code descriptor now includes an additional element of work, the removal of all capsule contents, that was not previously part of the descriptor. While these revisions were intended to be instructional, we believe this addition to the descriptor is equivalent to misleading vignette/survey assumptions in the previous Harvard valuation.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 10.81, the survey 25th percentile.

Although there was a decrease in times based on the survey, we believe that the 25th percentile for wRVU is still very appropriate for this code based on the comparison with both MPC and recently RUC reviewed codes. In addition, the IWPUT at the 25th percentile also better matches with the codes in this family.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 4 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which matches our survey results and the package time. This is supported by our median survey time.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 25 minutes which is a decrease of 5 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
19371	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents	0.066	10.81	261	65	90	25	0.5		2	1
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	0.0563	11.64	273	28	100	30			5	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	0.0715	12.00	272	58	90	20	0.5		3	1

Code 19371 with an wRVU at the 25th percentile (10.81) demonstrates reasonable similarity to the two KRC codes selected for comparison. Code 19371 has a shorter total time compared to both Code 15260 and Code 64912 (12 and 11 minutes respectively). Code 19371 has an intra-time that is 10 minutes less than Code 15260 and equal to Code 64912. Despite these similarities in times, Code 19371 has an wRVU value that is less than both KRC which have greater or equal times.

MPC Comparison Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99213	99212
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	0.0484	9.37	271	70	90	30	0.5		0	1
19371	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents	0.066	10.81	261	65	90	25	0.5		2	1
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	0.0710	11.19	267	72	90	40	0.5		2	

Code 19371 with an wRVU at the 25th percentile (wRVU = 10.81) demonstrates good similarity to the two MPC codes selected for comparison. The intra-times for the selected MPCs are exactly identical with Code 19370. The total time for Code 19371 is 10 minutes less than Code 15576 and 6 minutes less than Code 60220. The work wRVU at the 25th percentile is in between the two selected MPC codes.

Additional MPC Codes:

There is only one additional MPC code with a 90-day global, IT 90, and TT 240-280. MPC Code 53440 has the same intra-time and 13 less minutes of total time compared to Code 13971, but the MPC Code 53440 has a significantly increased wRVU of 13.36 (+2.55 wRVU compared to Code 19371). Within this range of MPC codes, Code 19371 would **rank 3rd highest out of 4 codes**.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99213	99212
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	**0.0484**	**9.37**	**271**	70	**90**	30	0.5		0	1
19371	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents	**0.066**	**10.81**	**261**	65	**90**	25	0.5		2	1
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	**0.0710**	**11.19**	**267**	72	**90**	40	0.5		2	
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	**0.0977**	**13.36**	**248**	55	**90**	22	1		2	1

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90-day global, IT 90, TT 240-280 (the same search used to identify MCP codes) – there are 20 additional codes. Code 19371 at the 25th percentile (10.81), **would rank 20th highest out of 21 codes**.

CPT CODE	64568	19371	63655	26260	60220	49521	63664	49652	64912	36830	36818
RVU	9.00	10.81	10.92	11.16	11.19	11.48	11.52	11.92	12.00	12.03	12.39
CPT CODE	57260	53440	25570	15730	22867	36832	37218	29915	29916	58571	
RVU	13.25	13.36	13.36	13.50	13.50	13.50	14.75	15.00	15.00	15.00	

In addition, performing the same search but with a narrower range of total times between 251 and 271 minutes, (RUC surveyed < 10yrs, 90 day global, IT 90, TT 251-271) reveals 10 codes. Code 19371 at the 25th percentile **would rank 11th lowest out of 11 codes**. A rank ordered table of these codes and wRVUs is below:

CPT CODE	19371	63655	26260	60220	49521	49652	15730	22867	37218	29915	29916
RVU	10.81	10.92	11.16	11.19	11.48	11.92	13.50	13.50	14.75	15.00	15.00

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19371

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utilization is 3x the medicare volume.

Specialty Plastic Surgery Frequency 19000 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 6175 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19371

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19380 Tracking Number Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 090 Current Work RVU: **10.41** RUC Recommended RVU: **12.00**

CPT Descriptor: Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with a history of right breast cancer who previously underwent a mastectomy with immediate TRAM reconstruction presents four months later for revision due to asymmetry and disproportion of the reconstructed breast. A revision of the right breast reconstruction including re-elevation and inset of the flap, lateral liposuction, and excision of redundant skin is planned.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 51% , In the ASC 46%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 57% , Overnight stay-less than 24 hours 38% , Overnight stay-more than 24 hours 5%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 33%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs, are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and design incisions based on the final desired outcome. Careful measurements are made to optimize symmetry. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies are verified including back-up implants if patient has previous implants in case of injury. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: The marked incisions are made on the breast. The previous mastectomy flaps are re-raised off of the previous TRAM flap up to the clavicle. The superior pole of the TRAM is is elevated off the chest wall and suspension sutures are placed to elevate the flap and improve the area of deficiency. Addition portions of the skin are then de-epithelialized in order to bury the flap under the residual native mastectomy skin. The planned excision of native mastectomy skin in order to tighten the skin envelope is tailor tacked closed. Tumescent anesthesia is infiltrated into the lateral breast. After waiting for the hemostatic effects of the epinephrine, liposuction is performed of the lateral side of the breast to decrease the volume in that area. After the back of the operating room table is raised, the surgeon assesses the shape of the breast under the effects of gravity. Subsequent further revisions are then made until the desired outcome for residual breast shape is met. The patient is returned to the supine position. The surgical incisions are opened and the

viability of the previous TRAM is evaluated. The surgical site is irrigated with saline and hemostasis assured. A closed suction drain is placed if deemed appropriate. The soft tisses and incisions are closed in a layered fashion

Description of Post-Service Work: The chest is cleaned. A compressive dressing is applied to the incision. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and use of antibiotics are discussed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape of the breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting post-operative restrictions.

Post op visit 4: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. The next stages of reconstruction are discussed including any necessary revisions and the timing of nipple reconstruction.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19380					
Sample Size:	1000	**Resp N:**	41			
Description of Sample:	A random sample of membership who have self-identified as reconstructive surgeons.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	12.00	**20.00**	30.00	100.00
Survey RVW:		6.81	12.00	**12.87**	18.00	48.75
Pre-Service Evaluation Time:				**45.00**		
Pre-Service Positioning Time:				**14.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		60.00	90.00	**120.00**	150.00	244.00
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19380	**Recommended Physician Work RVU: 12.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**30.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64912	090	12.00	**RUC Time**

CPT Descriptor Nerve repair; with nerve allograft, each nerve, first strand (cable)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15260	090	11.64	**RUC Time**

CPT Descriptor Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	4,063

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54410	090	15.18	**RUC Time**	1,280

CPT Descriptor 2 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 53.6 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 31.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 19380	**Top Key Reference CPT Code:** 64912	**2nd Key Reference CPT Code:** **15260**
Median Pre-Service Time	65.00	58.00	28.00
Median Intra-Service Time	120.00	90.00	100.00
Median Immediate Post-service Time	25.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	78.0	85.00	115.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**307.00**	**272.00**	**273.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	90%	59%	32%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	33%	77%
Physical effort required	0%	14%	76%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	23%	77%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	8%	38%	54%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	10000%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	15%	85%
Physical effort required	0%	0%	100%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	15%	85%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction including 19380. The descriptor for 19380 was updated to provide specific guidance in usage of a code that was otherwise vague. Code 19380 is a unique code in that it is used to describe procedures that may be performed on a reconstructed breast that may be similar to procedures on a native breast, but of lower complexity

(e.g. lifting of a reconstructed breast or reduction of a reconstructed breast due). In addition, the code is intended to be inclusive of a number of surgical maneuvers that could potentially be reported separately, but if reported separately would inappropriately include times for duplicate work. It includes revisions on autologous, implant, and combined (autologous and implant) reconstructions. Additional parentheticals were added to limit unbundling of the potential other maneuvers that could be reported if performed in isolation, but are included in 19380 when performed together on the same breast.

CPT 19380	Descriptor
Previous	Revision of reconstructed breast
Updated	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) (Do not report 19380 in conjunction with 12031, 12032, 12033, 12034, 12035, 12036, 12037, 13100, 13101, 13102, 15877, 19316, 19318, 19370, for the same breast)

During the October 2019 RUC meeting, it was recommended that 19380 be surveyed along with codes 19370 and 19371 as part of the "Secondary Breast Mound" family. As 19380 includes the work of 19371 when combined with other non-capsular soft tissue revisions, there is a hierarchical relationship between the codes.

Code 19380 is a Harvard valued code.

Compelling Evidence

We believe there is compelling evidence for this code based on both a change in patient population and flawed methodology. Over the 27 years since the publication of the Harvard Phase III values, there have been significant changes in the population of patients seeking post-mastectomy breast reconstruction as well as in the techniques used including various flap reconstruction, combined implant/flap procedures, or implant procedure with complex soft tissue reconstructions. Not only are more women expecting to have breast reconstruction, but previous comorbidities no longer limit who is a candidate for breast reconstruction. There has been a significant increase in patient expectations to have a near-normal appearing breast reconstruction instead of an amorphous mound on the chest which used to be more acceptable. This change in patient expectations has significantly increased the work intensity of the procedure not only intra-operatively, but also in the pre- and post- periods due to the elevated complexity of discussions with the patient.

We also believe there is previous flawed methodology related to unknown interpretations of a vague descriptor of "revision of reconstructed breast" during the Harvard Phase III valuation. The usage of this code may have changed over time given the lack of a formal definition and shifting forms of breast reconstruction. While the code is now formally defined, it is unclear what the Harvard valuation participants interpreted "revision of reconstructed breast" to mean given the differences in options for reconstruction over the intervening 27 years. We believe this addition to the descriptor is equivalent to misleading vignette/survey assumptions in the previous Harvard valuation.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 12.00, the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 5 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which matches our survey results and the package time. This is supported by our median survey time.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 25 minutes which is a decrease of 5 minutes from the post package time selected to match our survey time.

Clinic Visits:

Our survey results indicated that the typical patient has four post-operative visits. This included 99213 x 2, 99212 x 1, and a fourth visit with the survey split between 99213 and 99212. We recommend that this fourth post-operative visit also be at the level of 99212.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	**0.0563**	**11.64**	**273**	28	**100**	30			5	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	**0.055**	**12.00**	**307**	65	**120**	25	0.5		2	2
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	**0.0715**	**12.00**	**272**	58	**90**	20	0.5		3	1

Code 19380 with an wRVU at the 25th percentile demonstrates reasonable comparison to the two KRC codes selected for comparison. Code 19380 has a longer intra-time (20 and 30 minutes, respectively) and a longer total time (34 and 35 minutes, respectively) compared to KRC Code 15260 and Code 64912. The 25th percentile wRVU is slightly higher than CPT 15260, but also has additional intra-time and total time. Code 19380 at the 25th percentile has exactly the same wRVU to CPT 64912 despite having significantly longer intra-time and total-time.

MPC Comparison Codes

There are only 5 MPC codes with an intra-time of 120 minutes and a 90-day global period. Three of these five codes are RUC-CMS revised as well. Increasing the intra-time range to 100-140 minutes yields only one additional MPC code with an intra-time of 103 minutes. Thus, there is a limited number of potential comparison MPC codes and all of them have significantly higher wRVU than 19380 at the 25th (wRVU 12.00) or 50th percentile (wRVU 12.87). We ultimately selected the lowest two available MPC codes with an intra-time of 120 minutes although they do not clearly bracket code 19380.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99214	99213	99212
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	**0.055**	**12.00**	**307**	65	**120**	25	0.5			2	2
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	**0.0831**	**14.56**	**279**	53	**120**	25	0.5			2	1
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	**0.0751**	**15.18**	**329**	65	**120**	40	0.5			3	1

Additional MPC Codes:

As noted above, the MPC list is limited in the number of codes with an intra-time that is near 120 minutes. Searching the RUC database for MPC, 90 day global, IT 100-140, TT 277-337 yields only four comparison codes. At both the 25th percentile and 50th percentile, Code 19380 at the would be 5th lowest out of 5 codes. In addition, the other four MPC codes would be higher by a significant difference in wRVU. A table demonstrating the four possible MPC codes similar to 19380 is below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99214	99213	99212
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	**0.055**	**12.00**	**307**	65	**120**	25	0.5			2	2
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	**0.0831**	**14.56**	**279**	53	**120**	25	0.5			2	1
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	**0.0751**	**15.18**	**329**	65	**120**	40	0.5			3	1
60500	Parathyroidectomy or exploration of parathyroid(s);	**0.0860**	**15.60**	**313**	72	**120**	40	0.5			2	1
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	**0.1057**	**17.75**	**337**	80	**103**	30	1	1		2	

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 120, TT 287-327 reveals 7 codes. Code 19380 at both the 25th percentile (wRUV 12.00) and 50th percentile (wRVU 12.87) would **rank 8th highest out of 9 codes.** A rank-order table with these codes and wRVUs is below:

CPT CODE	64569	19380	49654	36825	36833	49653	60500	15733
RVU	11.00	12.00	13.76	14.17	14.50	14.94	15.60	15.68

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19380

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 22000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe utilization is 3x the medicare volume.

Specialty Plastic Surgery Frequency 22000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,265
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgery Frequency 7265 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19380

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Secondary Breast Mount Procedure

TAB: 7

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30										5								
2nd REF	14060	90	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		0.090			9.23			183	15	10	5			60			15										2	2							
CURRENT	19370	90	Open periprosthetic capsulotomy, breast		0.046			9.17			253	33		15			82			23						0.5				3.5								
SVY	19370	90	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	42	0.088	6.50	10.00	11.67	12.38	24.50	241	45	10	15	40	60	78	114	183	24										3					0	10	20	25	100
REC	19370	90	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy		0.060			10.00			255	40	10	15			78			24						0.5				3								

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	64912	90	Nerve repair; with nerve allograft, each nerve, first strand (cable)		0.072			12.00			272	33	10	15			90			20						0.5				3	1							
2nd REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30										5								
CURRENT	19371	90	Periprosthetic capsulectomy, breast		0.039			10.62			306	37		15			117			26						0.5				4								
SVY	19371	90	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents	42	0.091	8.00	10.81	12.25	15.00	36.66	238	44	10	15	45	77	90	120	183	25										2	0.5				0	10	15	23	75
REC	19371	90	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents		0.066			10.81			261	40	10	15			90			25						0.5				2	1							

*Survey Results show 3 office visits, 99212.5, 99213, 99213 indicating a tie between visit levels for the third visit.

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	64912	90	Nerve repair; with nerve allograft, each nerve, first strand (cable)		0.072			12.00			272	33	10	15			90			20						0.5				3	1							
2nd REF	15260	90	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		0.056			11.64			273	17	1	10			100			30										5								
CURRENT	19380	90	Revision of reconstructed breast		0.049			10.41			277	36		15			89			26						0.5				4								
SVY	19380	90	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	41	0.068	6.81	12.00	12.87	18.00	48.75	289	45	14	15	60	90	120	150	244	25										2	1.5				0	12	20	30	100
REC	19380	90	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)		0.055			12.00			307	40	10	15			120			25						0.5				2	2							

*Survey Results show a total of 4 visits, 99213, 99213, 99215.5, 99212 indicating a tie between the two levels for the third visit.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19370
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19370	A 50-year-old female with a history of breast cancer who previously underwent a mastectomy with implant-based breast reconstruction later develops inferior lateral displacement of the implant resulting in asymmetry with the contralateral breast. Revision of the breast capsule including superior and medial capsulotomies combined with inferior and lateral capsulorrhaphies are planned.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (19370, 19371, 19380).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal,

Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19370
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19371
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19371	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19371	A 60-year-old female with a history of implant-based breast reconstruction develops a grade IV capsular contracture. A complete capsulectomy with implant removal is recommended.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (19370, 19371, 19380).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall decrease for the code family and a decrease for this code individually.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes allotted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

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20 min total usage at 10min per post-operative session x 2 session.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

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FACILITY DIRECT PE INPUTS

CPT CODE(S): 19380
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19380	A 50-year-old female with a history of right breast cancer who previously underwent a mastectomy with immediate TRAM reconstruction presents four months later for revision due to asymmetry and disproportion of the reconstructed breast. A revision of the right breast reconstruction including re-elevation and inset of the flap, lateral liposuction, and excision of redundant skin is planned.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

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   We used existing PE inputs from the RUC database for this family of codes (19370, 19371, 19380).

3. Is this code(s) typically reported with an E/M service?

   No

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in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

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In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

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gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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    a. If yes, please explain how the computer is used for this service(s).
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FACILITY DIRECT PE INPUTS

CPT CODE(S): 19380
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 19370**		**CPT Code 19370**		**CPT Code 19371**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 7** **Specialty: ASPS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Open periprosthetic capsulotomy, breast		Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy,		Periprosthetic capsulectomy, breast	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 91.91**	**$ -**	**$ 80.89**	**$ -**	**$ 100.36**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**192.0**	**0.0**	**174.0**	**0.0**	**210.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**126.0**	**0.0**	**108.0**	**0.0**	**144.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 71.04**	**$ -**	**$ 64.38**	**$ -**	**$ 77.70**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
42			L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36				3.5		3		4
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**126.0**	**0.0**	**108.0**	**0.0**	**144.0**
93			L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 19370**		**CPT Code 19370**		**CPT Code 19371**	
3		***RUC Collaboration Website***				Open periprosthetic capsulotomy, breast		Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy,		Periprosthetic capsulectomy, breast	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020 Revision Date (if applicable): Tab: 7 Specialty: ASPS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 91.91**	**$ -**	**$ 80.89**	**$ -**	**$ 100.36**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**192.0**	**0.0**	**174.0**	**0.0**	**210.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**126.0**	**0.0**	**108.0**	**0.0**	**144.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 20.02**	**$ -**	**$ 14.01**	**$ -**	**$ 21.69**
102	SA031	kit, suture removal	1.347	kit			2				2
103	SA048	pack, minimum multi-specialty visit	3.0815	pack			4		3		4
104	SG017	bandage, Kling, non-sterile 2in	1.0065	item			3				4
105	SG035	dressing, 3in x 4in (Telfa, Release)	0.097	item			3				4
106	SG055	gauze, sterile 4in x 4in	0.1745	item			6				8
107	SJ028	hydrogen peroxide	0.0215	ml			30				40
108	SA054	pack, post-op incision care (suture)	4.7635	pack					1		
109		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*									
111	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.85**	**$ -**	**$ 2.50**	**$ -**	**$ 0.97**
113	EF023	table, exam	3037.9485		0.006757594		126				144
114	EQ168	light, exam	1431.5035		0.003798819				108		
115	ED005	camera, digital system, 12 megapixel (medical grade)	4589.081		0.018182839				20		
116	EF031	table, power	6030.195		0.016002488				108		
117											
118											
119		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19371**		**CPT Code 19380**		**CPT Code 19380**	
3		***RUC Collaboration Website***	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular		Revision of reconstructed breast		Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 7** **Specialty: ASPS**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 77.38**	**$ -**	**$ 100.36**	**$ -**	**$ 90.99**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**165.0**	**0.0**	**210.0**	**0.0**	**192.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**99.0**	**0.0**	**144.0**	**0.0**	**126.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 61.05**	**$ -**	**$ 77.70**	**$ -**	**$ 71.04**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		20		20
17	CA003	Schedule space and equipment in facility		8		8		8
18	CA004	Provide pre-service education/obtain consent		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription		7		7		7
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
23								
26		*Other activity: please include short clinical description here and type*						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
42								
45		*Other activity: please include short clinical description here and type*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
55								
56		*Other activity: please include short clinical description here and type*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75								
78		*Other activity: please include short clinical description here and type*						
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes		1				2
89		99213 36 minutes		2		4		2
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**99.0**	**0.0**	**144.0**	**0.0**	**126.0**
93								
96		*Other activity: please include short clinical description here and type*						
99		**End: with last office visit before end of global period**						

	A	B	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 19371**		**CPT Code 19380**		**CPT Code 19380**	
3		***RUC Collaboration Website***	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular		Revision of reconstructed breast		Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 7** **Specialty: ASPS**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 77.38**	**$ -**	**$ 100.36**	**$ -**	**$ 90.99**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**165.0**	**0.0**	**210.0**	**0.0**	**192.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**99.0**	**0.0**	**144.0**	**0.0**	**126.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.01**	**$ -**	**$ 21.69**	**$ -**	**$ 17.09**
102	SA031	kit, suture removal				2		
103	SA048	pack, minimum multi-specialty visit		3		4		4
104	SG017	bandage, Kling, non-sterile 2in				4		
105	SG035	dressing, 3in x 4in (Telfa, Release)				4		
106	SG055	gauze, sterile 4in x 4in				8		
107	SJ028	hydrogen peroxide				40		
108	SA054	pack, post-op incision care (suture)		1				1
109		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*						
111	**Equipment Code**	**EQUIPMENT**						
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 2.32**	**$ -**	**$ 0.97**	**$ -**	**$ 2.86**
113	EF023	table, exam				144		
114	EQ168	light, exam		99				126
115	ED005	camera, digital system, 12 megapixel (medical grade)		20				20
116	EF031	table, power		99				126
117								
118								
119		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Breast Lift/Reduction – Tab 8

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen codes to provide descriptor clarification of any overlap in physician work for breast reconstruction services. In the CPT coding changes application, the specialty stated that this change is editorial and does not involve a change in work. At the April 2019 RUC meeting, the RUC agreed that the seventeen breast reconstruction services should be surveyed for the October 2019 RUC meeting. Codes 11960, 19316, 19350, 19355, and 19396 were also included as being part of the same code family. Based on the change in the typical patient for CPT code 11971 and multiple Harvard valued codes, the RUC agreed that all twenty-two of these services be surveyed, contrary to the specialty initial recommendation that these changes are editorial only and do not require surveying. At that time, the RUC had recommended surveying all twenty-two codes for the October 2019 RUC meeting.

At the October 2019 RUC meeting, the specialty elected to survey two of the codes and send a third code to CPT for revision. The specialty noted that the designation of a single 22 code family was too broad, and that the family categorization should be more granular than surgical procedures for the repair and/or reconstruction of the same anatomic region. The specialties proposed 8 families of services to the RUC noting that this categorization assign similar procedures together and ensures that the survey process is effective. The RUC concurred with the more granular classification of families that group analogous procedures together. Furthermore, the specialty indicated, and the RUC agreed, that three of the code families, autologous reconstruction, nipple procedures and moulage formation were not identified by any RAW screens, had no change to their work from CPT revisions and had no obvious flaws to their valuation (i.e., a site of service valuation issue), and therefore would not need to be reviewed at this time. In October 2019, the RUC reviewed these family of services with the specialty societies and agreed that these services should be surveyed for physician work and practice expense in January 2020. The *Breast Lift/Reduction* code family was one of the code families identified by the RUC for review for the January 2020 RUC meeting.

19316 *Mastopexy*
The RUC reviewed the survey results from 97 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 14 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 20 minutes for immediate post-time, 0.5 99238 discharge visit, 2 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively.

The RUC reviewed the survey 25th percentile work RVU of 15.15 and agreed that this value overstates the amount of physician work involved. The RUC compared the survey code to CPT code 64569 *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator* (work RVU=11.00, intra-service time of 120 minutes, total time of 312 minutes) and noted

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that both services have identical intra-service times, similar total times and the survey code is a slightly more intense intraoperative service for the physician. The RUC also compared the survey code to MPC code 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU= 14.56, intra-service time of 120 minutes, total time of 279 minutes) and noted that both services have identical intra-service time, whereas the reference code is a more intense service to perform. Following the review of these and other reference codes, the RUC agreed that it would be appropriate to maintain the current value of 11.09 for the survey code. **The RUC recommends a work RVU of 11.09 for CPT code 19316.**

19318 *Breast reduction*

The RUC reviewed the survey results from 180 plastic surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 180 minutes for intra-service time, 25 minutes for immediate post-time, 0.5 99238 discharge visit, 2 99213 post-operative office visit and 2 99212 post-operative office visits. The evaluation is spent setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions. Additional time is also required to review choice of implants with the patient. Ten minutes of positioning time are necessary to account for the time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively. This service is typically performed bilaterally in the Medicare population, though the multiple procedure reduction applies.

The RUC reviewed the survey 25th percentile work RVU of 17.60 and agreed that this value overstates the amount of physician work involved. The RUC compared the survey code to top key reference code 15736 *Muscle, myocutaneous, or fasciocutaneous flap; upper extremity* (work RVU=17.04, intra-service time of 150 minutes, total time of 396 minutes) and noted that the survey code involves more intra-service time and both services involve similar intensity (72 percent of survey respondents that selected the reference code said the survey code had either identical or somewhat more intensity than the reference code). However, the reference code involves 29 more minutes of total time than the survey code, making it warranted to value the survey code somewhat less. The RUC also compared the survey code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180, total time of 383) and noted that although both services have identical intra-service times, the reference code involves more intraoperative intensity and also more total time. Following the review of these and other reference codes, the RUC agreed that it would be appropriate to maintain the current value of 16.03 for the survey code. When comparing 19318 *Breast reduction* to 19316 *Mastopexy*, breast reduction is more intense physician work because of the additional time and intensity involved in removing tissue and having to shape the breast that was reduced in size. **The RUC recommends a work RVU of 16.03 for CPT code 19318.**

Practice Expense

The Practice Expense Subcommittee had changed the exam table to a power table for each code which is typical for this specialty. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repair (Closure) **Other Flaps and Grafts**				
●*15769*		*Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)* *(For injection[s] of platelet-rich plasma, use 0232T)*		
●*15771*		*Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate* *(Report 15771 only once per session)*		
+●*15772*		*each additional 50cc injectate, or part thereof (List separately in addition to code for primary procedure)* *(Use 15772 in conjunction with 15771)*		
Breast **Repair and/or Reconstruction**				
		Breast reconstruction is performed to repair defects due to congenital anomaly or loss of breast tissue after a surgical excision. The goal of breast reconstruction is to correct the anatomic defect and to restore form and breast symmetry. A breast can be reconstructed using a single technique or a combination of techniques, and each technique can stand alone. Additionally, both breasts may be reconstructed at the same time, but may use different techniques or a combination of techniques. In many instances breast reconstruction requires more than one planned procedure or may require revisions. The native breast may be altered using different techniques. The breast and breast mound can be lifted with a mastopexy (19316), reduced in volume with a breast reduction (19318), or augmented with a breast implant (19325). Post-mastectomy breast reconstruction may be performed using a variety of techniques. An implant-based reconstruction involves placement of a device filled with fluid (eg, saline, silicone gel) to provide volume to the breast. In immediate reconstruction, an implant is placed primarily at the time of a mastectomy (19340). In delayed reconstruction, an implant is placed at any date separate from the mastectomy (19342). This includes placement of any new implant or replacement of an existing implant within the mastectomy defect or reconstructed breast. The removal of an intact breast implant for replacement is included in 19342.		

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A breast implant cannot always be placed due to the lack of an adequate skin envelope. Code 19357 describes insertion of a tissue expander which is a device that is surgically implanted to create an adequate sized pocket for subsequent insertion of a permanent implant. A tissue expander is an inflatable device placed beneath the skin and chest muscle, into which saline is injected over a period of weeks in the office to create the implant pocket. The tissue expander is eventually removed and may be replaced with a permanent breast implant (11970). Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately when performed with flap reconstruction (19361, 19364, 19366, 19367, 19368,19369).

Code 11970 describes the removal of a tissue expander with concurrent insertion of a permanent breast implant. Code 11970 includes removal of the expander, minor revisions to the breast capsule and placement of the new breast implant. Code19370 may be reported in addition to 11970 if more extensive capsular revision is performed. Code 11971 describes the removal of a tissue expander without replacement of an expander or implant.

Autologous breast reconstruction involves harvesting a flap of skin, subcutaneous fat and/or muscle from one area of the body and relocating the tissue to the anterior chest to create a new breast mound. Flap reconstruction may be performed at the time of mastectomy or in a delayed fashion depending on patient preference and other oncologic treatments.

Code 19361 describes breast reconstruction with a flap composed of the latissimus dorsi muscle including some of the overlying skin and subcutaneous fat to reconstruct the breast mound. This flap is left on its vascular pedicle and tunneled beneath the armpit skin to the anterior chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the axilla. To give the breast mound additional volume, a tissue expander or permanent breast implant may be placed beneath the latissimus flap. Placement of either a breast implant (19340, 19342) or tissue expander (19357) may be reported separately.

Code 19364 describes a microsurgical free tissue transfer of skin, and subcutaneous fat and/or muscle for breast reconstruction. This code includes the flap harvest, microsurgical anastomosis of one artery and two veins with use of an operating microscope, flap inset as a breast mound, and donor site closure. Typical free flaps include free transverse rectus abdominis myocutaneous (fTRAM), deep inferior epigastric perforator (DIEP), superficial inferior epigastric artery (SIEA), or gluteal artery perforator (GAP) flaps.

Code 19367 describes a single pedicled transverse rectus abdominis myocutaneous (TRAM) flap, where skin, subcutaneous fat, and a large portion of the rectus abdominis muscle from the lower abdomen is moved beneath the upper abdominal wall skin up to the chest to rebuild the breast. The blood supply to the flap is left attached to its origin in the abdomen.

Code 19368 describes "supercharging" of a single pedicled TRAM flap. This is typically performed to increase blood flow in TRAM flaps with marginal circulation to ensure flap survival. In addition to the standard unipedicle TRAM procedure, the inferior epigastric artery and/or veins are also anastomosed to recipient vessels in the chest using microsurgical techniques.

Code 19369 describes a bipedicled TRAM flap in which skin, subcutaneous fat and both rectus muscles are harvested for the reconstruction of a single breast. The dual blood supply to the flap is left attached to its origins in the abdomen.

Secondary and ancillary breast reconstruction procedures include nipple reconstruction (19350), implant adjustments through revisions to the breast capsule (19370), or removal of the entire breast capsule via a complete capsulectomy (19371) to achieve correct breast tissue positioning. In addition, procedures may be performed on the contralateral breast to create symmetry (19316, 19318, 19325). Removal of an intact breast implant without

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replacement is reported with 19328. Removal of a ruptured breast implant, including the implant contents, is reported with 19330. A complete capsulectomy (19371) includes removal of the breast implant and all intracapsular contents.

Code 19380 describes a revision of a reconstructed breast, including significant excision of tissue re-advancement or re-inset of flaps. For autologous reconstruction, this code is inclusive of revisions of the flap position on the chest wall, removal of portions of the flap (via direct excision or liposuction), re-shaping of the flap, or scar revisions. However, if a limited procedure is performed with a defined code (eg, scar revision) then the more specific code should be used. The placement of a new implant (19342) or autologous fat grafting for increased volume (*15771, 15772*) may be separately reportable. For implant-based reconstruction, 19380 is inclusive of revisions to the skin and capsule when performed together. The exchange for a new or different size/shape/type of implant (19342) or autologous fat grafting for increased volume/contour irregularities *(15771, 15772*) may be separately reportable. Nipple reconstruction is reported with 19350 and includes local flaps (14000,14001), areolar skin grafting (15100, 15200, 15201), and subsequent tattooing (11920, 11921, 11922).

Code 19396 describes the formation of a moulage cast of a patient's chest defect. The mold is used to fabricate a specific, custom made implant that fits the patient's defect.

(To report bilateral procedures, report modifier 50 with the procedure code)

(For biological implant for soft tissue and/or breast implant reinforcement, use 15777 in conjunction with the primary procedure)

(f) 19316	A13	Mastopexy	090	11.09 (No Change)
▲19318	A14	Breast ~~R~~reduction ~~mammaplasty~~	090	16.03 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19316 Tracking Number Original Specialty Recommended RVU: **11.09**
Presented Recommended RVU: **11.09**
Global Period: 090 Current Work RVU: **11.09** RUC Recommended RVU: **11.09**

CPT Descriptor: Mastopexy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with a history of right breast cancer treated with a mastectomy and reconstruction has asymmetry due to ptosis of the contralateral breast and a history of multiple pregnancies with breast feeding. She desires to undergo a contralateral breast lift to improve the symmetry between her native breast and breast reconstruction.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 30% , In the ASC 65%, In the office 4%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 70% , Overnight stay-less than 24 hours 27% , Overnight stay-more than 24 hours 3%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 33%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthestic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and to mark the planned skin/breast resections with care taken to measure for symmetry Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: After the induction of general anesthesia, the previously applied markings for surgery (done in the standing position prior to surgery) are reinforced. Then the final skin preparation and draping is accomplished. The surgeon makes the incisions for the de-epithelialized portion of the pedicle and proceeds to de-epithelialize the skin of the pedicle with extreme care to maintain a pedicle adequate to preserve the blood supply to the nipple/areolar complex. The native breast skin flaps are elevated to the boundaries of the breast. Portions of both subcutaneous and glandular tissue are excised as necessary to allow for appropriate repositioning of the nipple areolar complex. Meticulous hemostasis is assured. The surgeon checks the nipple-areolar complex for viability. He or she then tailor-tacks the skin of the breast and evaluates the shape of the breast in the upright position to insure symmetry, making any additional revisions necessary. The surgical site is irrigated. Drains are placed as indicated. The skin flaps are then closed in multiple layers. The patient is returned to the upright position and the new nipple-areolar position is marked. The skin is excised and the viable nipple areolar complex is brought out through the marked area and sewn into place.

Description of Post-Service Work: The chest is cleaned. Surgical dressings are applied. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and narcotic usage is reviewed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The viability of the nipple-areolar complex is evaluated. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed including viability of the nipple-areolar complex. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed including the nipple-areolar complex. The position and shape of the breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lifting the post-operative restrictions.

Post op visit 4: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. Recommendations related to future mammograms are reviewed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19316					
Sample Size:	1000	**Resp N:**	97			
Description of Sample:	A random sample of ASPS membership who have self identified as reconstructive surgeons.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**20.00**	25.00	150.00	
Survey RVW:	8.00	15.15	**17.00**	19.00	35.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**14.00**			
Intra-Service Time:	60.00	90.00	**120.00**	180.00	300.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19316	**Recommended Physician Work RVU: 11.09**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**14.00**	**15.00**	**-1.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19303	090	15.00	**RUC Time**

CPT Descriptor Mastectomy, simple, complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15736	090	17.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	4,063

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54410	090	15.18	**RUC Time**	1,280

CPT Descriptor 2 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 35.0 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 31.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 19316	Top Key Reference CPT Code: 19303	2nd Key Reference CPT Code: **15736**
Median Pre-Service Time	64.00	58.00	72.00
Median Intra-Service Time	120.00	90.00	150.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	78.0	86.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**301.00**	**283.00**	**396.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	29%	44%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	32%	32%	35%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	18%	76%
Physical effort required	9%	50%	61%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	26%	65%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	16%	48%	26%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	42%	35%	23%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	13%	61%	26%
Physical effort required	13%	45%	62%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	35%	55%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction. Although no CPT descriptor changes were made to code 19316, during the October 2019 RUC meeting, it was agreed upon that 19316 would be surveyed along with code 19318 as part of the "Breast Lift/Reduction" family.

Code 19316 is a Harvard valued code.

Compelling Evidence

We are requesting current value.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 11.09 which is current value and below the 25th percentile from our survey

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 5 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 14 minutes of scrub, dress and wait time which is 1 minutes less than the package, but matches the survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212
19316	Mastopexy	**0.049**	**11.09**	**301**	64	**120**	20	0.5		2	2
19303	Mastectomy, simple, complete	**0.102**	**15.00**	**283**	58	**90**	30	0.5	1	2	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	**0.063**	**17.04**	**293**	72	**150**	30	0.5	1	3	1

At current wRVU value of 11.09, the KRCs are both marginal matches. Compared to KRC 19303, Code 19316 has 30 minutes greater intra-time and 28 minutes greater total time, but 19316 is -3.91 wRVU lower despite being a procedure also performed on the breast and taking longer. Compared to KRC 15736, Code 19316 has 30 minutes less intra-time and 8 minutes more total time, but is -5.95 wRVU lower.

MPC Comparison Codes

There are only 5 MPC codes with an intra-time of 120 minutes and a 90-day global period. Three of these five codes are RUC-CMS revised as well. Increasing the intra-time range to 100-140 minutes yields only one additional MPC code with an intra-time of 103 minutes. Thus, there is a limited number of potential comparison MPC codes in this range. We ultimately selected the lowest two available MPC codes with an intra-time of 120 minutes and total time between 271-331, although they do not clearly bracket code 19316.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99214	99213	99212
19316	Mastopexy	0.049	11.09	301	64	120	20	0.5			2	2
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (RUC-CMS Revised)	0.0831	14.56	279	53	120	25	0.5			2	1
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session (RUC-CMS Revised)	0.0751	15.18	329	65	120	40	0.5			3	1

Additional MPC Codes:

As noted above, the MPC list is limited in the number of codes with an intra-time that is near 120 minutes. Searching the RUC database for MPC, 90 day global, IT 100-140, TT 271-331 yields only three MPC comparison codes all of which are RUC-CMS revised. At current wRVU of 11.09 wRVU, Code 19316 at the would be **4th highest out of 4 codes.** In addition, Code 19316 at current value (11.09) would be significantly lower in wRVU ranging from -3.47 to -4.51wRVU despite no difference in intra-time and difference in total time within 10%. A table demonstrating the three possible MPC codes similar to 19316 is below.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99214	99213	99212
19316	Mastopexy	0.049	11.09	301	64	120	20	0.5		2	2	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (RUC-CMS Revised)	0.0831	14.56	279	53	120	25	0.5			2	1
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session (RUC-CMS Revised)	0.0751	15.18	329	65	120	40	0.5			3	1
60500	Parathyroidectomy or exploration of parathyroid(s); (RUC-CMS Revised)	0.0860	15.60	313	72	120	40	0.5			2	1

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 120, TT 281-321 reveals 8 codes. Code 19316 at current value (wRVU 11.09) would **rank 8th highest out of 9 codes**. A rank ordered table of these codes and wRVUs is below:

CPT CODE	64569	19316	36819	49654	36825	36833	49653	60500	15733
RVU	11.00	11.09	13.29	13.76	14.17	14.50	14.94	15.60	15.68

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19316

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 8700
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3x the Medicare population

Specialty Plastic Surgeons Frequency 6960 Percentage 80.00 %

Specialty General Surgeons Frequency 1740 Percentage 20.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,907
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 2325 Percentage 79.97 %

Specialty General Sugeons Frequency 581 Percentage 19.98 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19316

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19318 Tracking Number Original Specialty Recommended RVU: **16.03**
Presented Recommended RVU: **16.03**
Global Period: 090 Current Work RVU: **16.03** RUC Recommended RVU: **16.03**

CPT Descriptor: Breast reduction

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female presents with symptomatic macromastia including neck pain, back pain, bra strap grooving, and intertriginous rashes that are recalcitrant to non-operative interventions. She elects to undergo a breast reduction procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 48% , In the ASC 49%, In the office 3%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 45% , Overnight stay-less than 24 hours 53% , Overnight stay-more than 24 hours 2%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 44%

Description of Pre-Service Work: Orders for preoperative medications are written, and laboratory results, imaging, and patient photographs are reviewed. The planned procedure and postoperative management are reviewed with the patient and the patient's family. Post-operative functional and aesthetic expectations are reviewed. The patient's history and physical are updated with reconciliation of medications/allergies. Post-operative pain control is reviewed and a narcotics controlled substance review is performed. NPO status is confirmed. The operative site is marked sitting upright to evaluate breast shape and mark the skin and parenchymal resections with careful measuring to ensure symmetry. Informed consent is obtained. The length and type of anesthesia are reviewed with the anesthesiologist. Surgeon changes into scrub clothes. The availability of all required supplies and instruments are verified. Confirmation of the ability for the operating room bed to sit upright is performed. The patient is transferred from the gurney and positioned on the operating room table. A patient verification procedure is performed. Bony prominences are padded, and thermal regulation drapes are applied. The arms are secured in a position to allow for sitting upright. The position of the head/neck is assessed and adjusted, as needed based on the need to sit up intra-operatively. A neck roll is placed to support the head. The surgeon monitors and assists with prepping including waiting for the prep to dry. The surgeon scrubs and gowns. Surgical drapes are placed. A pre-incision surgical time-out is performed with the operating surgical team.

Description of Intra-Service Work: After the satisfactory induction of general anesthesia, the previously applied markings for surgery (done in the standing position prior to surgery) are reinforced. Then the final skin preparation and draping is accomplished. The incisions for the de-epithelialized portion of the dermoglandular pedicle are made and the skin of the pedicle is de-epithelialized taking extreme care to provide an adequate base for the pedicle to maintain the blood supply to the nipple/areola complex. The native breast skin flaps are elevated to the boundaries of the breast. An appropriate amount of breast tissue remote from the pedicle is then excised to significantly reduce the size and volume of the breast with all resected tissue weighed. Meticulous hemostasis is performed, and the nipple-areolar complex is checked for viability. The skin flaps are tailor-tacked closed and the shape of the breast is evaluated in the upright position to insure symmetry with additional revisions made as necessary. The surgical site is irrigated. Drains are placed as indicated. The skin is then closed in multiple layers. The patient is returned to the upright position and the new nipple-areolar position is marked. The skin is excised and the viable nipple areolar complex is brought out through the marked area and sewn into place.

Description of Post-Service Work: The chest is cleaned. Surgical dressings are applied. A surgical bra is placed on the patient. The operative report is dictated. The postoperative orders are written.

Post op visit 1: 99213
This visit typically occurs at one week post-operatively. The patient's convalescence to that point is reviewed and discussed. The patients pain control and narcotic usage is reviewed. Refills are provided if indicated. The dressing from the operative site is removed. The drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The viabilty of the nipple-areolar complex is evaluated. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. Ongoing care is reiterated and the anticipated timing of additional surgeries reviewed. Limitations of post-surgical activity are clearly reviewed. The wound is redressed, and the patient is placed back into her surgical bra.

Post op visit 2: 99212
This visit typically occurs at two weeks post-operatively. The patient's convalescence to that point is reviewed. If the drain was not removed at the initial postoperative visit, the drain output is assessed, and the drain suture and drain are removed, if appropriate. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed including viability of the nipple-areolar complex. The position and shape of the breast are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. The wound is redressed and the patient is placed back into her surgical bra.

Post op visit 3: 99212
This visit typically occurs at one month post-operatively. The patient's convalescence to that point is reviewed. The breast surgical site is inspected and palpated. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed including the nipple-areolar complex. The position and shape of the breast are assessed for both cosmesis and breast symmetry. As the initial swelling is now partially resolved, the aesthetic outcome comes into focus and expectations moving forward are reviewed in detail. Patient and family questions and concerns are addressed. Referrals to physical therapy are made if needed. Ongoing care is reiterated as well as slowly lessening the post-operative restrictions.

Post op visit 4: 99213
This visit typically occurs at three months post-operatively. The patient's convalescence to that point is reviewed and at this point, the patient should be back to normal activity. The breast surgical site is inspected and palpated. The integrity and viability of the soft tissues are assessed. The position and shape are assessed for both cosmesis and breast symmetry. Patient and family questions and concerns are addressed. At this visit, the most time is spent evalutating the reconstructive outcome with the patient including patient-reported outcomes. Persistent deformities or areas of patient concern are systmetically addressed by the surgeon. Recommendations related to future mammograms are reviewed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Mark Villa, MD, Jeffrey Kozlow, MD					
Specialty Society(ies):	American Society of Plastic Surgeons					
CPT Code:	19318					
Sample Size:	1000	**Resp N:**	102			
Description of Sample:	A random sample of ASPS membership who have self identified as reconstructive surgeons.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	15.00	**25.00**	48.00	180.00	
Survey RVW:	9.00	17.60	**19.00**	20.00	45.25	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	60.00	143.00	**180.00**	210.00	350.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	19318	**Recommended Physician Work RVU: 16.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**30.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15738	090	19.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15736	090	17.04	**RUC Time**

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	17,321

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	5,709

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 47 **% of respondents:** 46.0 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 29.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 19318	Top Key Reference CPT Code: 15738	2nd Key Reference CPT Code: **15736**
Median Pre-Service Time	51.00	70.00	72.00
Median Intra-Service Time	180.00	150.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	158.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	78.0	108.00	125.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**358.00**	**516.00**	**396.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	32%	40%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	28%	38%	34%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	45%	40%
Physical effort required	0%	36%	64%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	43%	51%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	47%	37%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	41%	35%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	57%	26%
Physical effort required	3%	27%	70%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	33%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In February 2019, the CPT Editorial Panel approved the deletion of two codes and revisions to seventeen other codes related to breast reconstruction. The descriptor for 19318 was changed to reflect common terminology in the description of the procedure to make it easier to understand.

CPT 19318	Descriptor
Previous	Reduction mammaplasty
Updated	Breast reduction

Although no CPT descriptor changes were made to code 19316, during the October 2019 RUC meeting, it was agreed upon that 19318 would be surveyed along with code 19316 as part of the "Breast Lift/Reduction" family.

Code 19318 was previously RUC valued in August 2015.

Compelling Evidence

We are requesting current value.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Society of Plastic Surgeons who have self-identified as reconstructive surgeons.

Recommendation

We are recommending a work RVU of 16.03, the current value and below the survey 25th percentile.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

We have selected pre-time package 3-FAC as it is the lowest package for a patient undergoing general anesthesia.

Evaluation time – We are recommending 40 minutes of evaluation time which is an increase of 7 minutes from the package time, however, it is a decrease of 5 minutes from our survey data. The additional 7 minutes of pre-time for this case is spent in setting and marking the patient in an upright position to evaluate breast shape and measure base dimensions.

Positioning time – We are recommending 10 minutes of positioning time which is an increase in 7 minutes from the pre-service package time. We believe there is extra time involved in securing arms and assessing the position of the head and neck and making any adjustments to allow for sitting upright intra-operatively which is not typically required for most procedures. This is supported by our median survey time.

Scrub, Dress, Wait time – We are recommending 15 minutes of scrub, dress and wait time which is the same as the package and matches the survey results.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

The recommended time has been reduced to 25 minutes which is a decrease of 5 minutes from the post package time selected to match our survey time.

Key Reference Codes

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99214	99213	99212	99231	99232
19318	Breast reduction	0.059	16.03	367	65	180	25	0.5		2	2		
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	0.0634	17.04	396	72	150	30	0.5		3	1		
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	0.0472	19.04	516	70	150	30	1		4	1	2	2

Both KRCs selected in the survey are from the muscle flap family. Code 19318 compared to KRC 15736 has 30 minutes more intra-time, but 29 minutes less total time. Code 19318 at current value (16.03) is lower than KRC 15736 by -0.99 wRVU but is not unreasonable with more intra-time, but less total time. Code 19318 compared to KRC 15738 is less appropriate since although code 19318 has 30 minutes more intra-time, but 148 minutes less total time with -3.01 wRVU difference. This still fits compared to the KRCs although due to the significant time differences, the comparison is more difficult.

MPC Comparison Codes

There are no MPC codes with an intra-time of 180 or even 150 that are also outpatient procedures. Review of the any MPC with an IT 150-210 revealed nine codes which had total times ranging from 448-776 minutes which were all much higher than code 19318. Thus, we had to decrease the IT range to 120 minutes which was 60 minutes below the median survey time to identify suitable MPC codes with total times that were close to code 19318. Searching the RUC database for MPC, 90 day global, IT 120-180, TT 307-427 yields only four possible MPC comparison codes all of which have only 120 minutes of intra-time. In addition, two of the four MPC codes were RUC-CMS Revised. We selected the two closest MPC codes for comparison.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99213	99212
60500	Parathyroidectomy or exploration of parathyroid(s) (RUC-CMS Revised)	0.0860	15.60	313	72	120	40	0.5			2	1
19318	Breast reduction	0.059	16.03	367	65	180	25	0.5			2	2
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	0.0712	17.31	394	60	120	30	1	1	3	2	

Compared to the selected MPC codes, 19318 at the 25th percentile is a reasonable match although as noted above, the ability to match MPC with this code is challenging. Code 19318 has 60 minutes greater intra-time and 54 minutes greater total time compared to MPC 60500 with a resultant higher wRVU as would be expected. Code 19318 has 60 minutes greater intra-time and 27 minute less total time than MPC 58150. Code 19318 at current value would be less than 58150 which is reasonable due to the lower total time.

Additional MPC Codes:

As noted above, there were limited relevant MPC codes due to the longer intra-time, but lower total time for code 19318. The additional MPC code that was identified in our search (MPC 54410) has been added to the table below and is lower in wRVU, intra-time, and total time compared to 19318. At current value, code 19318 would rank **3rd highest of 5 codes** on this list which trends with the total times appropriately. These codes are listed in the table below:

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99233	99232	99231	99213	99212
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same	0.0751	15.18	329	65	120	40	0.5				3	1

	operative session (RUC-CMS Revised)												
60500	Parathyroidectomy or exploration of parathyroid(s) (RUC-CMS Revised)	**0.0860**	**15.60**	**313**	72	**120**	40	0.5				2	1
19318	Breast reduction	**0.059**	**16.09**	**367**	65	**180**	25	0.5				2	2
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	**0.0712**	**17.31**	**394**	60	**120**	30	1			3	2	
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	**0.1040**	**21.16**	**404**	75	**120**	30	1	1	1		2	

Comparisons to other recently valued codes in the RUC database:

Searching the RUC database for codes that are RUC surveyed in the last 10 years, 90 day global, IT 150-210 TT 337-397 revealed four codes. At current value, code 19318 would **rank 5th highest of the 5 codes.** The results are presented in the table below.

CPT	DESCRIPTOR	IWPUT	wRVU	TOTAL TIME	PRE	INTRA	POST	99238	99232	99231	99214	99213	99212
19318	Breast reduction	0.059	16.09	367	65	180	25	0.5				2	2
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	**0.0786**	**16.84**	**344**	70	**150**	50	0.5				2	1
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	**0.0634**	**17.04**	**396**	72	**150**	30	0.5			1	3	1
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	**0.0755**	**18.00**	**380**	63	**150**	30	1	1	1		1	1
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	**0.0779**	**19.53**	**383**	72	**180**	50	0.5				2	1

Medicare Units of Service Provided on Same Date:

AMA staff provided the units of service data on the same date data from 2017 prior to the meeting. Code 19318 had a mean number of units of 1.65 and median number of units of 2. The 25th percentile for units was 1 and the 75% percentile for units was 2. Since the majority of breast reductions (19318) are performed for women with bilateral symptomatic macromastia, this distribution of mean units of service should be expected as a breast reduction would commonly be performed on both breasts.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19318

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Plastic Surgeons How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 23000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3x the Medicare population

Specialty Plastic Surgeons Frequency 23000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,666
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Plastic Surgeons Frequency 7666 Percentage 100.00 %

Specialty General Surgeons Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19318

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Breast Lift/Reduction

TAB: 8

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day						Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	19303	90	Mastectomy, simple, complete		0.102			15.00			283	40	3	15			90			30						0.5			1	2							
2nd REF	15736	90	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		0.063			17.04			396	40	12	20			150			30						0.5			1	3	1						
CURRENT	19316	90	Mastopexy		0.053			11.09			293	60					110			30						1.0				1	2						
SVY	19316	90	Mastopexy	97	0.103	8.00	15.15	17.00	19.00	35.00	287	45	10	14	60	90	120	180	300	20									2	2		0	10	20	25	150
REC	19316	90	Mastopexy		0.049			11.09			301	40	10	14			120			20						0.5			2	2						

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day						Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	15738	90	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity		0.047			19.04			516	40	15	15			150			30				2	2	1.0				4	1						
2nd REF	15736	90	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity		0.063			17.04			396	40	12	20			150			30						0.5			1	3	1						
CURRENT	19318	90	Reduction mammaplasty		0.075			16.03			321	60					150			30						0.5				1	2	1					
SVY	19318	90	Breast Reduction	102	0.077	9.00	17.60	19.00	20.00	45.25	368	60	10	15	60	143	180	210	350	25									2	2		0	15	25	48	180
REC	19318	90	Breast Reduction		0.059			16.03			367	40	10	15			180			25						0.5			2	2						

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19316
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19316	Mastopexy	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19316	A 35-year-old female with a history of right breast cancer treated with a mastectomy and reconstruction has asymmetry due to ptosis of the contralateral breast and a history of multiple pregnancies with breast feeding. She desires to undergo a contralateral breast lift to improve the symmetry between her native breast and breast reconstruction.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (19316 and 19318).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice

expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall increase for the code family, however, this increase is only due to the potential increases in post-op clinical time and visits that will need to be evaluated by the RUC. If the previous times for clinical staff and equipment were used, then the changes based on the standardizations noted above would result in a decrease in the total cost.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

In the pre-service period, clinical staff work includes completing pre-service diagnostic and referral forms, coordinating pre-surgery services, scheduling space and equipment in the facility, providing pre-service education/obtaining consent, and completing pre-procedure phone calls/prescriptions.

   b. Service period (includes pre, intra and post):

For this facility-only based procedure, the only post period is the 6 minutes alloted in the standards for assisting in same-day discharge management including coordination of post-operative appointments.

   c. Post-service period:

In the post-service period, clinical staff work includes the standard activities involved in any post-operative E&M visit including rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, acting as chaperone due to sensitive areas being examined, assisting with wound care, coordination of care, and cleaning of the room.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	**SA054**	**pack**		**4.8353**
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF023 table, exam – standard formula
EQ168 light, exam – standard formula
ED005 camera, digital system, 12 megapixel (medical grade) – other formula

It is standard in plastic surgery practices to use a medical grade (12 megapixel) camera for photograph as most offices also have a standard photo suite for professional grade images.

20 min total usage at 10min per post-operative session x 2

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19316
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 19318
SPECIALTY SOCIETY(IES): ASPS
PRESENTER(S): Mark Villa, MD
Jeffrey Kozlow, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19318	Breast Reduction	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19318	A 35-year-old female presents with symptomatic macromastia including neck pain, back pain, bra strap grooving, and intriginous rashes that are recalcitrant to non-operative interventions. She elects to undergo a breast reduction procedure

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisors and multiple clinical experts who practice in the areas of general plastic surgery and breast reconstruction. The expert panel members also practice in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used existing PE inputs from the RUC database for this family of codes (19316 and 19318).

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are only requesting PE subcommittee standards for clinical activities.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   Across the four families of breast-specific codes being evaluated, there is currently significant variability in the post-op supplies and practice expense likely due to the various times and settings in which those decisions were made. Given the similarity in post-op visit supplies across these four families of breast related procedures (Implant/Expander Placement, Implant/Expander Removal, Secondary Revisions, and Lift/Reduction), we have elected to standardize all of the practice expenses associated with each code. We believe this standardization is important in keeping consistency within the RUC valuation process. Standardization for these codes includes:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1)Using the standard clinical staff times for the pre-times and 90 day globals, discharge (x38) days, and with the number of post-op clinic visits/times pending final approval at the RUC.
2)Requesting one pack, post-op incision care (suture) per code
3)Requesting the standard Minimum Supply Package for Visits (Multi-speciality), a standard table, and an exam light for all post-operative visits with the number of post-op clinic visits/times pending final approval at the RUC
4)Requesting 20 minutes of a camera, digital system, 12 megapixel (medical grade) for each code to account for two 10 minutes session of post-operative photographs obtained during the global period.

We are requesting an overall increase for the code family, however, this increase is only due to the potential changes in post-op clinical time and visits that will need to be evaluated by the RUC. If the previous times for clinical staff and equipment were used, then the changes based on the standardizations noted above would result in a decrease in the total cost.

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INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
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tape, surgical paper 1in (Micropore)		inch	12	
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ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 19316**		**CPT Code 19316**		**CPT Code 19318**	
3		***RUC Collaboration Website***				Mastopexy		Mastopexy		Reduction mammaplasty	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020 Revision Date (if applicable): Tab: 8 - Breast Lift/Reduction Specialty: ASPS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 76.94**	**$ -**	**$ 90.99**	**$ -**	**$ 87.96**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**156.0**	**0.0**	**192.0**	**0.0**	**172.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**90.0**	**0.0**	**126.0**	**0.0**	**106.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 57.72**	**$ -**	**$ 71.04**	**$ -**	**$ 63.64**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
42	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37		**6**		**6**		**6**
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								1
88		99212 27 minutes	27				2		2		2
89		99213 36 minutes	36				1		2		1
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**90.0**	**0.0**	**126.0**	**0.0**	**106.0**
93			L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2						**CPT Code 19316**		**CPT Code 19316**		**CPT Code 19318**	
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 76.94**	**$ -**	**$ 90.99**	**$ -**	**$ 87.96**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**156.0**	**0.0**	**192.0**	**0.0**	**172.0**
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10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
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100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 18.61**	**$ -**	**$ 17.09**	**$ -**	**$ 21.85**
102	SA031	kit, suture removal	1.347	kit			2				
103	SA048	pack, minimum multi-specialty visit	3.0815	pack			3		4		4
104	SG017	bandage, Kling, non-sterile 2in	1.0065	item			4				
105	SG035	dressing, 3in x 4in (Telfa, Release)	0.097	item			4				
106	SG055	gauze, sterile 4in x 4in	0.1745	item			8				
107	SJ028	hydrogen peroxide	0.0215	ml			40				
108	SA054	pack, post-op incision care (suture)	4.7635	pack					1		2
109											
110											
111		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*									
113	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.61**	**$ -**	**$ 2.86**	**$ -**	**$ 2.46**
115	EF023	table, exam	3037.9485		0.006757594		90				
116	ED005	camera, digital system, 12 megapixel (medical grade)	4589.081		0.018182839				20		20
117	EQ168	light, exam	1431.5035		0.003798819				126		106
118	EF031	table, power	6030.195		0.016002488				126		106
119											
120											
121		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	M	N
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**CPT Code 19318**	
3		***RUC Collaboration Website***	Breast Reduction	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 8 - Breast Lift/Reduction** **Specialty: ASPS**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 90.99**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**192.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**126.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 71.04**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery/procedure made**		
15	CA001	Complete pre-service diagnostic and referral forms		5
16	CA002	Coordinate pre-surgery services (including test results)		20
17	CA003	Schedule space and equipment in facility		8
18	CA004	Provide pre-service education/obtain consent		20
19	CA005	Complete pre-procedure phone calls and prescription		7
20	CA006	Confirm availability of prior images/studies		
21	CA007	Review patient clinical extant information and questionnaire		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
23				
26		*Other activity: please include short clinical description here and type*		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		
34	CA010	Obtain vital signs		
35	CA011	Provide education/obtain consent		
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies		
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
42	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
45		*Other activity: please include short clinical description here and type*		
48		**Intra-service (of service period)**		
49	CA018	Assist physician or other qualified healthcare professional---directly		
50	CA019	Assist physician or other qualified healthcare professional---directly		
51	CA020	Assist physician or other qualified healthcare professional---directly		
52	CA021	Perform procedure/service---NOT directly related to physician work time		
55				
56		*Other activity: please include short clinical description here and type*		
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff		
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,		
69	CA031	Review examination with interpreting MD/DO		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to		
71	CA033	Perform regulatory mandated quality assurance activity (service period)		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
73	CA035	Review home care instructions, coordinate visits/prescriptions		
74	CA036	Discharge day management		**6**
75				
78		*Other activity: please include short clinical description here and type*		
81		**End: Patient leaves office/facility**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
84	CA037	Conduct patient communications		
85	CA038	Coordinate post-procedure services		
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
87		99211 16 minutes		
88		99212 27 minutes		2
89		99213 36 minutes		2
90		99214 53 minutes		
91		99215 63 minutes		
92	CA039	Post-operative visits (total time)	**0.0**	**126.0**
93				
96		*Other activity: please include short clinical description here and type*		
99		**End: with last office visit before end of global period**		

	A	B	M	N
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**CPT Code 19318**	
3		***RUC Collaboration Website***	Breast Reduction	
4	**Clinical Activity Code**	**Meeting Date: Jan 2020** **Revision Date (if applicable):** **Tab: 8 - Breast Lift/Reduction** **Specialty: ASPS**		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 90.99**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**192.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**126.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 17.09**
102	SA031	kit, suture removal		
103	SA048	pack, minimum multi-specialty visit		4
104	SG017	bandage, Kling, non-sterile 2in		
105	SG035	dressing, 3in x 4in (Telfa, Release)		
106	SG055	gauze, sterile 4in x 4in		
107	SJ028	hydrogen peroxide		
108	SA054	pack, post-op incision care (suture)		1
109				
110				
111		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*		
113	**Equipment Code**	**EQUIPMENT**		
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 2.86**
115	EF023	table, exam		
116	ED005	camera, digital system, 12 megapixel (medical grade)		20
117	EQ168	light, exam		126
118	EF031	table, power		126
119				
120				
121		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*		

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Femur Lengthening Device Procedures – Tab 9

In September 2019, the CPT Editorial Panel approved the addition of a code to report osteotomy, femur, and insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging. The American Academy of Orthopaedic Surgeons expressed an interest in surveying the new CPT code 27X00 along with existing CPT codes 27465, 27466, and 27468 as part of the family. In January 2020, however, the specialty society indicated that the descriptors for both the new and existing codes needed to be further revised to better describe and distinguish the physician work involved in the procedures. The society requested referral to CPT and intends to submit a new code change application for the May 2020 CPT Editorial Panel meeting. A new coding proposal will be developed, and the full array of coding options will be determined including revising additional existing codes in the family as well as potentially requesting new codes. The specialty society will then survey the entire family for the October 2020 RUC meeting.

CMS questioned why the codes needed revision. The specialty society stated that there has been significant change in repair technique since the Harvard valuation of these codes and they would like to take this into account for the survey. For example, it would currently be difficult for a survey respondent to determine for a femur lengthening or shortening procedure, if a plate is used, if external fixation is used, or if an intramedullary nail is used; and there are different amounts of work involved for each technique. Referral would allow the society to create better descriptors that more clearly differentiate work. In addition, CPT codes 27466 and 27468 are Harvard-valued and do not have vignettes. The specialty society is requesting that CPT rescind new code 27X00 for CPT 2021 and they will develop a new coding proposal to incorporate all the revisions related to this family for CPT 2022.

The RUC concurred and recommends that CPT codes 27X00, 27465, 27466, and 27468 be referred to the May 2020 CPT Editorial Panel.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Femur (Thigh Region) and Knee Joint Repair, Revision, and/or Reconstruction				
(f) 27465	L1	*Osteoplasty, femur; shortening (excluding 64876)*	090	Refer to CPT May 2020
(f) 27466	L2	*lengthening*	090	Refer to CPT May 2020

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(f) 27468	L3	*combined, lengthening and shortening with femoral segment transfer*	090	Refer to CPT May 2020
●27X00	L4	Osteotomy, femur, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device (Do not report 27X00 in conjunction with 20696, 27450, 27466, 27506) (For removal of externally controlled intramedullary lengthening device, use 20680) (For revision of externally controlled intramedullary lengthening device, use 27599)	090	Refer to CPT May 2020

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December 17, 2019

Peter K. Smith, MD
Chair, AMA Relative Value Update Committee
AMA Plaza
330 N Wabash Avenue, Suite 3930
Chicago, IL 60611-5885

Dear Dr. Smith,

The 2020 January RUC meeting agenda includes two tabs for limb lengthening procedures: Tab 9-Femur Lengthening Device Procedures and Tab 10-Tibia Lengthening Device Procedures. Tab 9 includes new CPT code 27X00, along with existing CPT codes 27465, 27466, and 27448. Tab 10 includes new CPT code 27X16 and existing CPT code 27715.

Codes 27X00 and 27X16 were approved at the September 2019 CPT Editorial Panel meeting and were placed on the RUC's Level of Interest (LOI) form for the January 2020 RUC meeting. The RUC included the existing codes 27465, 27466, 27468, and 27715 as family codes for survey. Upon reviewing the existing codes alongside the new codes, the AAOS RUC and CPT Advisors determined the descriptors for both the existing and new codes need to be further revised to better describe and distinguish the physician work involved in the operations.

The AAOS recommends that all the codes from Tabs 9 and 10 be referred back to CPT for revisions. The AAOS intends to submit an new code change application for the May 2020 CPT Editorial Panel meeting and bring back the entire family for survey for the September 2020 RUC meeting. We are still determining the full array of coding options which may include revising additional existing codes in the families, as well as potentially asking for new codes.

The AAOS is also separately requesting that CPT rescind the two new Category I codes (27X00 and 27X16) and one new Category III code (0X71T) from CPT 2021 so as to allow all the code changes to go into effect at the same time for the CPT 2022 codeset. We believe these actions will lead to more accurate coding and payment for limb lengthening procedures.

We respectfully request that the RUC approve referring this set of codes to the CPT Editorial Panel. Thank you for your attention to this matter and your assistance in allowing us to correctly describe and survey these procedures.

Sincerely,

William Creevy, MD
AAOS RUC Advisor

Hussein Elkousy, MD
AAOS Alternate Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Tibia Lengthening Device Procedures – Tab 10

In September 2019, the CPT Editorial Panel approved the addition of a code to report osteotomy, tibia and fibula, and insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging. The American Academy of Orthopaedic Surgeons expressed an interest in surveying the new CPT code 27X16 and existing CPT code 27715 as part of the family. In January 2020, however, the specialty society requested referral to CPT with the intent to submit a new code change application for the May 2020 CPT Editorial Panel meeting. The society indicated that the descriptors for both the new and existing code needed to be further revised to better describe and distinguish the physician work involved in the procedures. In particular, the society believed that clarification is needed for CPT code 27715 which entails shortening, lengthening, or combination, stating that it would be difficult to perform a survey until it is better defined.

It is the RUC's understanding that the specialty society will request that CPT rescind the new code for CPT 2021 and that the society will develop a new coding proposal to incorporate all the revisions related to this family, and the femur, for CPT 2022. The specialty society will then survey the entire family for the October 2020 RUC meeting. **The RUC concurred and recommends that CPT codes 27X16 and 27715 be referred to the May 2020 CPT Editorial Panel.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Leg (Tibia and Fibula) and Ankle Joint** **Repair, Revision, and/or Reconstruction**				
(f) 27715	M1	*Osteoplasty, tibia and fibula, lengthening or shortening*	090	Refer to CPT May 2020

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●27X16	M2	Osteotomy, tibia and fibula, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device (Do not report 27X16 in conjunction with 20696, 27705, 27707, 27709, 27712, 27715) (For removal of externally controlled intramedullary lengthening device, use 20680) (For revision of externally controlled intramedullary lengthening device, use 27899)	090	Refer to CPT May 2020

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December 17, 2019

Peter K. Smith, MD
Chair, AMA Relative Value Update Committee
AMA Plaza
330 N Wabash Avenue, Suite 3930
Chicago, IL 60611-5885

Dear Dr. Smith,

The 2020 January RUC meeting agenda includes two tabs for limb lengthening procedures: Tab 9-Femur Lengthening Device Procedures and Tab 10-Tibia Lengthening Device Procedures. Tab 9 includes new CPT code 27X00, along with existing CPT codes 27465, 27466, and 27448. Tab 10 includes new CPT code 27X16 and existing CPT code 27715.

Codes 27X00 and 27X16 were approved at the September 2019 CPT Editorial Panel meeting and were placed on the RUC's Level of Interest (LOI) form for the January 2020 RUC meeting. The RUC included the existing codes 27465, 27466, 27468, and 27715 as family codes for survey. Upon reviewing the existing codes alongside the new codes, the AAOS RUC and CPT Advisors determined the descriptors for both the existing and new codes need to be further revised to better describe and distinguish the physician work involved in the operations.

The AAOS recommends that all the codes from Tabs 9 and 10 be referred back to CPT for revisions. The AAOS intends to submit an new code change application for the May 2020 CPT Editorial Panel meeting and bring back the entire family for survey for the September 2020 RUC meeting. We are still determining the full array of coding options which may include revising additional existing codes in the families, as well as potentially asking for new codes.

The AAOS is also separately requesting that CPT rescind the two new Category I codes (27X00 and 27X16) and one new Category III code (0X71T) from CPT 2021 so as to allow all the code changes to go into effect at the same time for the CPT 2022 codeset. We believe these actions will lead to more accurate coding and payment for limb lengthening procedures.

We respectfully request that the RUC approve referring this set of codes to the CPT Editorial Panel. Thank you for your attention to this matter and your assistance in allowing us to correctly describe and survey these procedures.

Sincerely,

William Creevy, MD
AAOS RUC Advisor

Hussein Elkousy, MD
AAOS Alternate Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Fastest Growing/ Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000

January 2020

Shoulder Debridement – Tab 11

In October 2018, CPT code 29823 was identified as a Harvard valued service with 2017 Medicare utilization over 30,000 and an action plan was requested for January 2019. In January 2019, the RUC recommended to refer CPT code 29823 and family code 29822 for revision. The code descriptors for 29822 and 29823 were not clear (eg, limited versus extensive) and there were no guidelines to assist providers and coders with selecting the correct code. In September 2019, the CPT Editorial Panel approved revision of the two codes to clarify limited and extensive debridement by specifying the number of discrete structures debrided and providing examples of the structures.

29822 ***Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])***
The RUC reviewed the survey results from 54 orthopaedic surgeons and determined that the survey 25th percentile work RVU of 7.03 accurately reflects the physician work necessary to perform this service and is a reduction from the current Harvard-based work value. The RUC recommends 30 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 30 minutes intra-service time and 20 minutes immediate post-service time, 0.5 99238 discharge visit, 2-99213 office visits and 1-99212 office visit. The RUC noted that the additional 12 minutes of pre-service positioning time is necessary because the patient is initially placed supine, then rolled into the lateral decubitus position. Pads are placed to protect bony prominences. A shoulder boom is used to support the arm and allow the appropriate amount and angle of traction. Monitors and arthroscopic video equipment are also positioned with the assistance of the surgeon. The areas of trochar insertion need to be determined and marked and areas of prepping and draping identified. More sophisticated pumps for surgery require more set up time for the surgeon with more tubing to manage and more sophisticated monitors have more options for set up and positioning. With respect to office visits, the Harvard study did not survey for the level and number of post-operative visits but instead only for time. The Harvard survey data indicated that CPT code 29822 had 40 minutes of office visit time. This time was converted to E/M codes in 1997 by a CMS contractor to 3.5 x 99212 for code 29822. These visits underestimate the work (intensity/complexity) and time required for these patients postoperatively. *See attached additional rationale explaining how the different components of work (pre, intra, post) were developed during the Harvard study.*

The RUC discussed the significant reduction in intra-service time from 69 to 30 minutes. The RUC reiterated that the survey code had never been RUC-valued denoting that the current times are over 25 years old from the Harvard study and not valid for comparison. The specialty society stated that the reduction in intra-service time is a reflection that the surgeons are much more adept and have better equipment than when the procedure was first initiated in the 1980s. The RUC also noted that the total time for the entire 90-day global period was only 13 minutes less (204 versus 191).

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The RUC compared CPT code 29822 to the top key reference code 29881 *Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU = 7.03 and 58 minutes pre-service time, 40 minutes intra-service time and 15 minutes immediate post-service time) and noted the similar amount of total time and physician work. The RUC further noted that the higher intra-service time for the key reference service is offset by the intensity of the survey code. CPT code 29822 is considered more intense, with over half of survey respondents that selected the reference code indicating that the survey code had more intensity/complexity overall relative to the key reference code. Most of the difference in intensity between the codes is due to the three-dimensional difficulties in operating on the shoulder versus the knee including a difference in the number of portals and use of a cannula in the shoulder scope. The survey procedure is greater in intensity due intrinsically to the differences between the shoulder arthroscopy versus the knee arthroscopy and the scoping involved.

For additional support, the RUC referenced the second key reference code 29880 *Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU = 7.39 and 58 minutes pre-service time, 45 minutes intra-service time and 15 minutes immediate post-service time) and noted that the reference code has more intra-service and total time than the survey code and is therefore appropriately valued higher. The RUC further noted that 70% of survey respondents that selected the second key reference code rated the survey code as more intense and complex, again justifying the higher IWPUT for the survey code (0.08) relative to the key reference service (.065). The RUC concluded that CPT code 29822 should be valued at the 25th percentile work RVU of 7.03 as supported by the survey and well-aligned with the key reference service codes. **The RUC recommends a work RVU of 7.03 for CPT code 29822.**

29823 ***Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])***
The RUC reviewed the survey results from 54 orthopaedic surgeons and determined that the survey 25th percentile work RVU of 7.98 accurately reflects the physician work necessary to perform this service and is a reduction from the current Harvard-based work value. The RUC recommends 30 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 50 minutes intra-service time and 20 minutes immediate post-service time, 0.5 99238 discharge visit, 2-99213 office visits and 1-99212 office visit. The RUC noted that the additional 12 minutes of pre-service positioning time is necessary because the patient is initially placed supine, then rolled into the lateral decubitus position. Pads are placed to protect bony prominences. A shoulder boom is used to support the arm and allow the appropriate amount and angle of traction. Monitors and arthroscopic video equipment are also positioned with the assistance of the surgeon. The areas of trochar insertion need to be determined and marked and areas of prepping and draping identified. More sophisticated pumps for surgery require more set up time for the surgeon with more tubing to manage and more sophisticated monitors have more options for set up and positioning. The RUC also noted that the survey code is a more extensive procedure with 20 minutes more intra-service time than CPT code 29822. With respect to office visits, the Harvard study did not survey for the level and number of post-operative visits but instead only for time. The Harvard survey data indicate CPT code 29823 had 47 minutes of office visit time. This time was converted to E/M codes in 1997 by a CMS contractor to 4 x 99212 for

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29823. These visits underestimate the work (intensity/complexity) and time required for these patients postoperatively. *See attached additional rationale explaining how the different components of work (pre, intra, post) were developed during the Harvard study.*

The RUC compared CPT code 29823 to the top key reference code 29880 *Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU = 7.39 and 58 minutes pre-service time, 45 minutes intra-service time and 15 minutes immediate post-service time) and noted that the survey code has 5 minutes more intra-service time yet similar intensity as the reference code (0.067 and 0.065 respectively). The RUC questioned the nearly identical intensity of the survey code and the key reference code. The specialty society acknowledged that the survey procedure is greater in intensity due intrinsically to the differences between the shoulder arthroscopy versus the knee arthroscopy and the scoping involved. MPC codes 67904 *Repair of blepharoptosis; (tarso) levator resection or advancement, external approach* (work RVU = 7.97) and 50590 *Lithotripsy, extracorporeal shock wave* (work RVU = 9.77) also reflect higher values, and the society chose to honor the survey and be consistent with its companion code 29822 in selecting the 25th percentile RVU recommendation. The RUC concurred and concluded that CPT code 29823 should be valued at the 25th percentile work RVU of 7.98 as supported by the survey. **The RUC recommends a work RVU of 7.98 for CPT code 29823.**

Work per Unit Time (WPUT)
The RUC notes that it is important to understand that intra-service work is only one component of the total work for a global code. CMS has recently accepted the RUC's rationale for E/M services that the intensity of the pre, intra, and post-service work is the same, and the same whether the work is face-to-face or non-face-to-face. This has resulted in a computation of work per unit time (WPUT) which was in fact a method that CMS (then HCFA) used for code comparison in the early years of the fee schedule.

The WPUT for CPT code 29822 is not different (0.037) for 204 minutes of work at the current 7.60 work RVUs compared to the Harvard manipulated data of 191 minutes at the proposed 7.03 work RVUs. Regarding CPT code 29823, the prior WPUT was lower than code 29822 which intuitively is incorrect but is explained by the fact that times (evaluation and immediate postop) were set lower by the Harvard algorithm. The newly proposed WPUT of 0.038 for 211 minutes at 7.98 work RVUs correctly aligns the WPUT for CPT code 29823 as slightly more intense/complex than 29822. Thus, contending that there really is no change in value for these two procedures - just a rearrangement of time.

The work per unit time for CPT codes 29822 (0.037) and 29823 (0.038) is lower than any of the recently reviewed office visit E/M codes which range from 0.039 to 0.043 WPUT except for 99211 for a nursing visit. Further, a review of the WPUT for RUC reviewed codes with similar total time indicates that the work per unit time for the two survey codes is not different (or less where appropriate) than other global codes with similar total times. *See attached additional rationale.*

Practice Expense
The PE Subcommittee reviewed the standard 90-day global inputs and replaced the staple removal kit with a suture removal kit (SA054 *pack, post-op incision care (suture)*). **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **Endoscopy/Arthroscopy**				
▲29822	N1	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) *(For open procedure, see specific open shoulder procedure performed)*	090	7.03
▲29823	N2	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) *(For open procedure, see specific open shoulder procedure performed)*	090	7.98

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29822, 29823 Rationale For Decrease In IST Without Commensurate Decrease In wRVU:

It is important to understand how the different components of work (pre, intra, post) were developed during the Harvard study. It is also important to understand that intraservice work is only one component of the total work for a global code.

Evaluation

Preservice evaluation time was never surveyed and instead computed for every code based on intraservice time (IST) of a family anchor code. If a code had 30 minutes IST it would automatically have much less evaluation time assigned than a code with 60 minutes of IST. We have since shown that preservice evaluation time is not dependent on IST, but instead dependent on the amount of data (imaging, labs) that need to be reviewed, the type of anesthesia (eg, general, MAC, local), the number of other providers that need to be consulted (eg, anesthesiologist, rad tech, consultant physicians). There is also the argument that the intensity of the evaluation work prior to surgery is not different than an E/M service, and although the E/M service codes have increased in value several times since 1992, the intensity of the evaluation work prior to surgery, 0.0224 (which was the intensity of an office E/M at the end of the Harvard study) has not changed.

The amount of time assigned to 29822 (24 minutes) and 29823 (23 minutes) was underestimated by Harvard's algorithm. The flaw in the system is evident by the fact that 29822's preservice evaluation time is greater than 29823—probably due to a different anchor code being used. The intensity of the evaluation work was and still is underestimated. The low intensity assigned to preservice evaluation artificially inflates the intraservice intensity (IWPUT).

Positioning

Similar to preservice evaluation time and work, the Harvard study assigned preservice positioning time (ie, they did not survey it). The general principle was to assign 0 minutes for positioning because it was determined that the derived time for evaluation would incorporate positioning. In fact, if you look at a list of all data from the Harvard study, most have 0 minutes assigned. More than 0 minutes for some procedures was adjudicated though a review by a technical advisory panel. This would account for the odd time of 9 minutes assigned to 29823. However, there is no difference in the positioning of the patient for either 29822 or 29823. Both procedures are surgical arthroscopies and the final total debridement work does not dictate the positioning. Instead, positioning is generally the same for any shoulder arthroscopy, with the possible exception of a procedure that may require more time for intraoperative repositioning.

Although Harvard underestimated or even dismissed the time for positioning, there is considerable work for these two services. The patient is initially placed supine for insertion of anesthesia lines, then rolled into the lateral decubitus position. Pads are placed to protect bony prominences. A shoulder boom is used to support the arm and allow the appropriate amount and angle of traction. Monitors, arthroscopic video equipment, and irrigation lines are positioned relative to the anesthesia lines, and relative to the providers in the room (anesthesiologist, surgeon, assistants). The areas of trochar insertion need to be determined and marked and areas of prepping and draping identified. More sophisticated pumps for surgery require more set up

time for the surgeon with more tubing to manage. Also, more sophisticated monitors have more options for set up and positioning.

The recommended time of 15 minutes is more than the Harvard study assignment and arguably more complex than the assignment of an intensity of 0.0224. Similar to the argument for evaluation intensity and the fact that although E/M intensities have increased, the intensity for positioning work prior to surgery is not less than the positioning work related to an E/M service (supine on an exam table), and although the E/M service codes have increased in value several times since 1992, the intensity of 0.0224 for positioning has not changed.

Scrub, dress, wait

The Harvard study assigned the time for scrub, dress, wait as 0 minutes for office procedures, 15 minutes for ASC procedures, and 25 minutes for hospital procedures. This was loosely related to scrubbing and gowning while local anesthesia, moderate sedation, or general anesthesia was initiated. Harvard assigned an intensity of 0.0081 (or one-third the original E/M intensity). This extremely low intensity discounts the fact that while the surgeon is scrubbing, gowning and waiting for anesthesia, they may be monitoring the anesthesiologists work, refining thoughts about the procedure, and other cognitive work. To put this in perspective, a low-level nursing visit includes 7 minutes for an RVW of 0.18, while 15 minutes at 0.0081 equals an RVW of 0.12.

Postoperative Work

Similar to the preservice evaluation time, the immediate postoperative time was calculated using an algorithm and intraoperative time of an anchor code. For 29822 and 29823, it is clear that the anchor codes were different because the Harvard assigned immediate postoperative time for 29823 is less than 29822 which intuitively does not make sense.

With respect to office visits, the Harvard study did not survey for visits (ie, E/M codes) but instead for total time. The Harvard survey data indicate 29822 had 40 minutes of office visit time and 29823 had 47 minutes of office visit time. These times were converted to E/M codes in 1997 by a CMS contractor to 3.5 x 99212 for 29822 and to 4 x 99212 for 29823. These visits underestimate the work (intensity/complexity) and time required for these patients postoperatively.

Work per Unit Time (WPUT)

CMS has recently accepted the RUC's rationale for E/M services that the intensity of the pre, intra, and post work is the same—and also the same whether the work is face to face or non-face to face. This has resulted in a computation of work per unit time (WPUT) which actually was something that CMS (then HCFA) used for code comparison in the early years of the fee schedule.

The WPUT for 29822 is actually not different (0.037) for 204 minutes of work at 7.60 work RVUs compared to the Harvard manipulated data of 191 minutes at 7.03 work RVUs. With regard to 29823, the prior WPUT was lower than 29822 which intuitively is incorrect but is explained by the fact that times (evaluation and immediate postop) were set lower by the Harvard algorithm. The new WPUT of 0.038 for 211 minutes at 7.98 work RVUs correctly

aligns the WPUT for 29823 as slightly more intense/complex than 29822. This is an argument that there really is no change in value for these two procedures—just a rearrangement of time.

In fact, the WPUT for 29822 (0.037) and 29823 (0.038) is lower than any of the recently reviewed office visit E/M codes except 99211 for a nursing visit as shown below.

CPT	Total time	WPUT
99211	7	0.026
29822	191	0.037
29823	211	0.038
99212	18	0.039
99214	49	0.039
99203	40	0.040
99215	70	0.040
99205	85	0.041
99202	22	0.042
99204	60	0.043
99213	30	0.043

The table below compares the WPUT for RUC reviewed codes with similar total time. This table indicates that the work per unit time is not different (or less where appropriate) than other global codes with similar total times.

RUC year	CPT	Descriptor	RVW	Total time	WPUT
2017	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	8.59	188	0.046
	29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	7.03	191	0.037
2004	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	7.12	191	0.037
2008	38542	Dissection, deep jugular node(s)	7.95	198	0.040
2005	49505	Repair initial inguinal hernia, age 5 years or older; reducible	7.96	198	0.040
2009	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	7.75	200	0.039
2005	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	7.82	202	0.039
2009	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	8.13	209	0.039
	29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	7.98	211	0.038

2017	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	10.08	211	0.048
2017	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	10.08	211	0.048
2014	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	8.49	220	0.039

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:29822 Tracking Number Original Specialty Recommended RVU: **7.03**
Presented Recommended RVU: **7.03**
Global Period: 090 Current Work RVU: **7.60** RUC Recommended RVU: **7.03**

CPT Descriptor: Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male presents with shoulder pain. He has failed treatment with physical therapy, anti-inflammatory medications, and a steroid injection. Magnetic resonance imaging (MRI) shows a tear of the biceps attachment at the superior labrum. A diagnosis of a symptomatic superior labrum anterior posterior (SLAP) tear is made. An arthroscopic limited debridement of the proximal biceps and its attachment is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 30% , In the ASC 70%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications, including antibiotics. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs. Interview and examine patient to confirm that the medical status and physical findings have not changed; update and sign the H&P. Meet with patient and family to review planned procedure and post-operative management. Confirm, update or complete the informed consent. Confirm, sign and mark the operative site in the pre-operative holding area. Verify that all required instruments and supplies are available: shoulder arthroscopy set with probe, manual resection instruments, graspers, cannulae; Pump console and fluid management containers; Arthroscopy video tower with appropriate components (monitor, camera console, shaver console, light source console, image/video recording devices). Verify patient positioning components are available including traction device, beanbag, pillows for padding prominences. Positioning and equipment setup: Assist with placing monitors and arthroscopic video equipment in appropriate position. Examine the shoulder for range of motion and stability. Perform manipulation if needed. Assist with positioning the patient supine. Roll the patient into the lateral decubitus position and place pads to protect areas from pressure. Apply a shoulder boom to support the arm and allow the appropriate amount and angle of traction. Prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Assist with draping the shoulder and assembling sterile components of the shoulder positioner. Assist with organizing the cables for the shaver, camera, light source, pump, and suction. Perform a second brief time out with the surgical team.

Description of Intra-Service Work: Under anesthesia, a posterior portal is made to gain access to the glenohumeral joint. An anterior portal is created in the rotator interval and a cannula is inserted. The camera is maneuvered, and the humeral head rotation and position are altered in order to view all structures of the glenohumeral joint. The articular side of the subscapularis is assessed visually by internally and externally rotating the humeral head and is palpated with a probe assessing for partial tears. The anterior capsule, anterior glenohumeral ligaments, and rotator interval are assessed visually and palpated for tears or abrasions. The subscapularis fossa is assessed visually and using a probe to assess for loose bodies. The articular side of the supraspinatus and infraspinatus are visualized and palpated by taking the humeral head through forward flexion, internal, and external rotation to assess for undersurface tears. The articular cartilage of the humeral head and glenoid are visualized and palpated for chondral damage. The labrum is visualized and palpated

circumferentially to asses for tears. The long head of the biceps tendon is visualized and palpated at its insertion on the supraglenoid tubercle. The tendon is ramped into the joint to assess the extra-articular 3-5 cm for tears and to assess for medial subluxation. Arthroscopic images and videos are taken for documentation.
A partial tear of the attachment of the long head of the biceps to the superior labrum, indicative of a type I SLAP lesion, is noted. Through the anterior portal, manual resecting instruments and a shaver are used to debride torn or non-adherent tissue from the biceps tendon and superior labrum.
The arthroscope is then placed in the glenohumeral joint through the anterior portal. The same structures are assessed from a different vantage point in order to ensure that no pathology was missed.
The biceps and labrum are further debrided placing instruments through the posterior portal.
The arthroscope is placed in the subacromial space through the posterior portal. A lateral portal is created in the subacromial space. The bursal side of the rotator cuff is assessed by taking the humeral head through range of motion. A probe is used to palpate the bursal side of the rotator cuff. The arthroscope is moved to the lateral portal to insure full visualization. The arthroscope is removed, and the portals are closed with sutures. The portals are injected with Marcaine.

Description of Post-Service Work: Post Service - Facility
Application of a sterile bulky dressing. Remove the arm from the traction device, disassemble the shoulder positioner and holder. Remove the drapes. Start applying the shoulder sling/immobilizer while in lateral position and complete when supine. Assist with positioning patient supine. Wait for reversal of anesthesia and extubation. Assist with transfer of patient from OR table to a stretcher. Assist in transport of patient from operating room to the recovery room. Monitor patient stabilization in the recovery room.
Complete a careful neurologic and vascular examination in the recovery room. Write orders for PACU care. Enter a brief operative note and a full operative report in the medical record. Postoperative care is coordinated with recovery room nursing staff. Consultation with the family and patient regarding the surgery procedure and outcome., answer questions.
Review arthroscopic images with the family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review post-operative instructions (e.g. wound care, pain medications). Write prescriptions for medications needed post-discharge. Check narcotic prescription registries. Complete medication reconciliation. Complete all appropriate medical records, including discharge summary and discharge instructions, and insurance forms. Coordinate post-operative appointment with patient and/or family and office staff. Call referring physician and/or send a copy of the operative note.

Post op visit #1:
History: Interview patient and obtain interval history. Assess pain control and response to current medication.
Examine surgical site: Removal of sling and dressings, Remove sutures, Redress wound with steri-strips, gauze, tape.
Examine the extremity: Assess circulation, sensation, and motor function of the operative extremity, Assess range of motion.
Review surgery and answer patient/family questions: Review arthroscopic images and videos, Review anatomy and pathology, Discuss wound care, Discuss future pain management, Discuss prognosis and expectations, Discuss plan for PT, work, activity restrictions, Discuss and arrange follow up plan and office visit.
Write prescription for PT and instruct on home exercise program
Document progress note in medical record
Write medication prescription
Check narcotic prescription registries
Complete medication reconciliation
Fill out work forms and activity restrictions
Communicate with PCP or referring physician

Post op visit #2:
History:Interview patient and obtain interval history, Assess pain control and response to current medication, Assess function, mobility and progress with PT.
Examine surgical site.
Examine the extremity: Assess neurovascular status; Assess swelling, range of motion and strength.
Review PT notes.
Review surgery and answer patient/family questions: Discuss pain management, Discuss patient progress and expectations, Discuss activity restrictions and plan for PT, Discuss plan for return to work, Discuss plan for follow up and arrange office visit
Write prescription for PT and instruct on home exercise program.
Document progress note in medical record.
Write medication prescription.

Check narcotic prescription registries.
Complete medication reconciliation.
Fill out work forms and activity restrictions.
Communicate with PCP or referring physician.

Post op visit #3:
History:Interview patient and obtain interval history, Assess pain control and response to current medication., Assess function, mobility and progress with PT
Examine surgical site
Examine the extremity: Assess neurovascular status, Assess swelling, range of motion and strength.
Review PT notes.
Review surgery and answer patient/family questions:
Discuss pain management: Discuss patient progress and expectations, Discuss activity restrictions and plan for home exercise program
Complete final PT forms or provide instructions and education on home exercise program
Document progress note in medical record.
Write medication prescription (non-opioid).
Complete medication reconciliation.
Give final instructions on resumption of full activity, home exercises, and future restrictions.
Complete all final discharge forms for return to activity and work.
Communicate with PCP or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Hussein Elkousy, MD; William Creevy, MD					
Specialty Society(ies):	AAOS					
CPT Code:	29822					
Sample Size:	1924	**Resp N:**	54			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	11.00	**20.00**	40.00	200.00	
Survey RVW:	4.25	7.03	**7.50**	8.50	11.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	15.00	25.00	**30.00**	45.00	60.00	

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	29822	**Recommended Physician Work RVU: 7.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	62.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29881	090	7.03	**RUC Time**

CPT Descriptor Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29880	090	7.39	**RUC Time**

CPT Descriptor Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	95,344

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	53,740

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 29822	Top Key Reference CPT Code: 29881	2nd Key Reference CPT Code: **29880**
Median Pre-Service Time	60.00	58.00	58.00
Median Intra-Service Time	30.00	40.00	45.00
Median Immediate Post-service Time	20.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	62.0	62.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**191.00**	**194.00**	**199.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	4%	11%	30%	52%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	30%	26%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	37%	52%
Physical effort required	7%	41%	52%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	44%	44%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	60%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 29822, Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies) was identified with CPT code 29823, Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies) at the January 2019 RAW meeting for high volume and a Harvard value. 29822 was also Harvard valued but Medicare utilization below the RAW's screen. However, because it was part of the family, the AAOS recommended that both 29822 and 29823 be referred to the CPT Editorial Panel for revised descriptors. The AAOS submitted revised descriptors and new typical patient vignettes at the September 2019 CPT Editorial Panel meeting and placed on the RUC's level of interest for the January 2019 meeting.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Academy of Orthopaedic Surgeons, and included both 29822 and 29823. The total response rate was a robust response rate of 54 completed, non-conflicted surveys.

Work Recommendation

We recommend the survey 25th percentile work RVU of 7.03 for code 29822.

Time recommendation

An expert panel from the AAOS, and including relevant orthopaedic sub-specialties such as the American Shoulder and Elbow Society (ASES), the Arthroscopic Association of North America (AANA), and the American Orthopaedic Society of Sports Medicine (AOSSM) reviewed the survey data and felt the survey times and work RVUS were accurate and reasonable.

Pre-Service
We recommend Pre-Time Package of 3 (straightforward patient/difficult patient) with the following changes:
Evaluation: Subtract 3 minutes (total = 30) to be consistent with the survey median time.
Positioning: Add 12 minutes (total = 15). The patient is initially placed supine, then rolled into the lateral decubitus position. Pads are placed to protect bony prominences. A shoulder boom is used to support the arm and allow the appropriate amount and angle of traction. Monitors and arthroscopic video equipment is positioned.
Scrub, dress, wait: No change, package time and survey median is 15 minutes.

Intra-Service
We recommend an intra-time of 30 minutes which is the survey median.

Immediate Post-Service
We recommend Post-time Package 9a (General Anesthesia/Regional Block-Straightforward Procedure) with a reduction of 10 minutes (total=20) to be consistent with the survey median.

Post-Service Visits
We recommend a 0.5 discharge day visit, consistent with the Medicare data indicating 61% outpatient site-of-service. We recommend 2-99213 and 1-99212 post-operative office visits which were the median responses from the survey. This visit pattern is consistent with the Key Reference codes 29880 and 29881.

Total Time
We recommend a total time of 191 minutes. This total time is almost identical to 29881, a key reference service which has a total time of 194 minutes and also has a work RVU of 7.03 equal to the survey 25% work RVU.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	Immed POST	VISITS
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7.03	0.064	194	33	10	15	40	15	0.5-99238 2-99213 1-99212
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies	7.03	0.080	191	30	15	15	30	20	0.5-99238 2-99213 1-99212
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7.30	0.065	199	33	10	15	45	15	0.5-99238 2-99213 1-99212

MPC Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	Immed POST	VISITS
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	6.81	0.072	161	10	1	5	45	10	0.5-99238 1-99213 3-99212
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies	7.03	0.080	191	30	15	15	30	20	0.5-99238 2-99213 1-99212
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	7.97	0.089	185	10	10	15	45	15	0.5-99238 1-99213 3-99212

Summary

Code 29822 was surveyed for the January 2020 RUC meeting with 54 completed, non-conflicted respondents. We are recommending a work RVU of 7.03 with 30 minutes pre-service, 15 minutes pre-service positioning, and 15 minutes scrub, dress and wait, 30 minutes of intra-service time, 20 minutes immediate post-service time, 0.5 post-operative discharge, 2-99213, 1-99212, total time of 191, IWPUT of 0.080, and WPUT of 0.037.

We believe the recommended work RVU 0f 7.03, the survey 25th % work RVU, which is a reduction from the current, Harvard based work RVU is well aligned with the key reference service codes of 29880 and 29881. The WPUT for all three codes are nearly identical, and lower than the updated WPUTs for 99212, 99213, 99214, and 99215. In addition, the recommended total time for 29822 is very similar to 29881, and the slightly higher IWPUT is consistent with the survey intensity and complexity measures which showed survey respondents rating 29822 as requiring higher intensity and complexity than both of the key reference services, 29880 and 29881.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Code 29822 is reported 63% with add-on code 29826 (work RVU 3.00 and intra-time of 40 minutes)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29822

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,398 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery Frequency 11000 Percentage 96.50 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 29822

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:29823 Tracking Number Original Specialty Recommended RVU: **7.98**
Presented Recommended RVU: **7.98**
Global Period: 090 Current Work RVU: **8.36** RUC Recommended RVU: **7.98**

CPT Descriptor: Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male presents with one year of shoulder pain. He has failed treatment with physical therapy, anti-inflammatory medications, and a steroid injection. Magnetic resonance imaging (MRI) shows chondral degeneration of the humeral head and the glenoid and a partial bursal surface tear of the supraspinatus tendon. A diagnosis of articular cartilage degeneration and a partial rotator cuff tear is made. An arthroscopic extensive debridement of these three structures is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 30% , In the ASC 70%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications, including antibiotics. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs. Interview and examine patient to confirm that the medical status and physical findings have not changed; update and sign the H&P. Meet with patient and family to review planned procedure and post-operative management. Confirm, update or complete the informed consent. Confirm, sign and mark the operative site in the pre-operative holding area. Verify that all required instruments and supplies are available: shoulder arthroscopy set with probe, manual resection instruments, graspers, cannulae; Pump console and fluid management containers; Arthroscopy video tower with appropriate components (monitor, camera console, shaver console, light source console, image/video recording devices). Verify patient positioning components are available including traction device, beanbag, pillows for padding prominences. Positioning and equipment setup: Assist with placing monitors and arthroscopic video equipment in appropriate position. Examine the shoulder for range of motion and stability. Perform manipulation if needed. Assist with positioning the patient supine. Roll the patient into the lateral decubitus position and place pads to protect areas from pressure. Apply a shoulder boom to support the arm and allow the appropriate amount and angle of traction. Prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Assist with draping the shoulder and assembling sterile components of the shoulder positioner. Assist with organizing the cables for the shaver, camera, light source, pump, and suction. Perform a second brief time out with the surgical team.

Description of Intra-Service Work: Under anesthesia, a posterior portal is made to gain access to the glenohumeral joint. An anterior portal is created in the rotator interval and a cannula is inserted. The camera is maneuvered, and the humeral head rotation and position are altered in order to view all structures of the glenohumeral joint. The articular side of the subscapularis is assessed visually by internally and externally rotating the humeral head and is palpated with a probe assessing for partial tears. The anterior capsule, anterior glenohumeral ligaments, and rotator interval are assessed visually and palpated for tears or abrasions. The subscapularis fossa is assessed visually and using a probe to assess for loose bodies. The articular side of the supraspinatus and infraspinatus are visualized and palpated by taking the humeral head through forward flexion, internal, and external rotation to assess for undersurface tears. The articular cartilage of the

humeral head and glenoid are visualized and palpated for chondral damage. The labrum is visualized and palpated circumferentially to asses for tears. The long head of the biceps tendon is visualized and palpated at its insertion on the supraglenoid tubercle. The tendon is ramped into the joint to assess the extra-articular 3-5 cm for tears and to assess for medial subluxation. Arthroscopic images and videos are taken for documentation.
Chondral degeneration of the humeral head and glenoid are identified. Through the anterior portal, a probe is placed to measure and manipulate the chondral damage of the glenoid. Manual resecting instruments and a shaver are used to debride delaminating tissue from the glenoid to create smooth borders. The size, location, depth, and pattern of the lesion are noted before and after debridement. Arthroscopic images or videos are taken for documentation. Chondral degeneration of the humeral head is noted and is addressed with debridement using a shaver from the anterior portal. The humeral head is taken through a range of motion to allow the shaver access to the lesion. Delaminating chondral margins are debrided to a stable transition. The size, location, depth, and pattern of the lesion are noted before and after debridement. Arthroscopic images or videos are taken for documentation.
The arthroscope is then placed in the glenohumeral joint through the anterior portal. The same structures are assessed from a different vantage point in order to ensure that no pathology was missed.
The glenoid and humeral head articular cartilage are further debrided placing instruments through the posterior portal. Final image documentation is obtained.
The arthroscope is placed in the subacromial space through the posterior portal. A lateral portal is created in the subacromial space. The bursal side of the rotator cuff is assessed by taking the humeral head through range of motion. A probe is used to palpate the bursal side of the rotator cuff. A partial tear of the bursal side of the rotator cuff is identified. The tear is less than 50% thickness of the rotator cuff tendon. The arthroscope is moved to the lateral portal to insure full visualization with additional assessment of the lesion. A shaver is placed and used to debride the partial tear to a smooth transition. The size, location, depth, and pattern of the lesion are noted before and after debridement. Arthroscopic images or videos are taken for documentation. The arthroscope is removed, and the portals are closed with sutures. The portals are injected with Marcaine..

Description of Post-Service Work: Post Service - Facility
Application of a sterile bulky dressing. Remove the arm from the traction device, disassemble the shoulder positioner and holder. Remove the drapes. Start applying the shoulder sling/immobilizer while in latera position and complete when supine. Assist with positioning patient supine. Wait for reversal of anesthesia and extubation. Assist with transfer of patient from OR table to a stretcher. Assist in transport of patient from operating room to the recovery room. Monitor patient stabilization in the recovery room.
Complete a careful neurologic and vascular examination in the recovery room. Write orders for PACU care. Enter a brief operative note and a full operative report in the medical record. Postoperative care is coordinated with recovery room nursing staff. Consultation with the family and patient regarding the surgery procedure and outcome., answer questions.
Review arthroscopic images with the family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review post-operative instructions (e.g. wound care, pain medications). Write prescriptions for medications needed post-discharge. Check narcotic prescription registries. Complete medication reconciliation. Complete all appropriate medical records, including discharge summary and discharge instructions, and insurance forms. Coordinate post-operative appointment with patient and/or family and office staff. Call referring physician and/or send a copy of the operative note.

Post op visit #1:
History: Interview patient and obtain interval history. Assess pain control and response to current medication.
Examine surgical site: Removal of sling and dressings, Remove sutures, Redress wound with steri-strips, gauze, tape.
Examine the extremity: Assess circulation, sensation, and motor function of the operative extremity, Assess range of motion.
Review surgery and answer patient/family questions:Review arthroscopic images and videos, Review anatomy and pathology, Discuss wound care, Discuss future pain management, Discuss prognosis and expectations, Discuss plan for PT, work, activity restrictions, Discuss and arrange follow up plan and office visit.
Write prescription for PT and instruct on home exercise program
Document progress note in medical record
Write medication prescription
Check narcotic prescription registries
Complete medication reconciliation
Fill out work forms and activity restrictions
Communicate with PCP or referring physician

Post op visit #2:

History:Interview patient and obtain interval history, Assess pain control and response to current medication, Assess function, mobility and progress with PT.
Examine surgical site.
Examine the extremity: Assess neurovascular status; Assess swelling, range of motion and strength.
Review PT notes.
Review surgery and answer patient/family questions: Discuss pain management, Discuss patient progress and expectations, Discuss activity restrictions and plan for PT, Discuss plan for return to work, Discuss plan for follow up and arrange office visit
Write prescription for PT and instruct on home exercise program.
Document progress note in medical record.
Write medication prescription.
Check narcotic prescription registries.
Complete medication reconciliation.
Fill out work forms and activity restrictions.
Communicate with PCP or referring physician.

Post op visit #3:
History:Interview patient and obtain interval history, Assess pain control and response to current medication., Assess function, mobility and progress with PT
Examine surgical site
Examine the extremity: Assess neurovascular status, Assess swelling, range of motion and strength.
Review PT notes.
Review surgery and answer patient/family questions:
Discuss pain management: Discuss patient progress and expectations, Discuss activity restrictions and plan for home exercise program
Complete final PT forms or provide instructions and education on home exercise program
Document progress note in medical record.
Write medication prescription (non-opioid).
Complete medication reconciliation.
Give final instructions on resumption of full activity, home exercises, and future restrictions.
Complete all final discharge forms for return to activity and work.
Communicate with PCP or referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Hussein Elkousy, MD; William Creevy, MD					
Specialty Society(ies):	AAOS					
CPT Code:	29823					
Sample Size:	1924	**Resp N:**	54			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**23.00**	50.00	220.00	
Survey RVW:	6.50	7.98	**9.99**	10.24	15.50	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	20.00	40.00	**50.00**	60.00	75.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	29823	**Recommended Physician Work RVU: 7.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	62.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29880	090	7.39	**RUC Time**

CPT Descriptor Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
23430	090	10.17	**RUC Time**

CPT Descriptor Tenodesis of long tendon of biceps

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	54,280

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	58,177

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
28291	090	8.03	**RUC Time**

CPT Descriptor Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 35.1 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 29823	Top Key Reference CPT Code: 29880	2nd Key Reference CPT Code: **23430**
Median Pre-Service Time	60.00	58.00	60.00
Median Intra-Service Time	50.00	45.00	60.00
Median Immediate Post-service Time	20.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	62.0	62.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**211.00**	**199.00**	**237.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	32%	42%	21%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	42%	53%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	37%	53%
Physical effort required	5%	58%	37%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	42%	53%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	22%	78%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	33%	67%
Physical effort required	11%	44%	44%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 29823, Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies) at the January 2019 RAW meeting for high volume and a Harvard value along with CPT 29822, Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies). 29822 was also Harvard valued but Medicare utilization below the RAW's screen. However, because it was part of the family, the AAOS recommended that both 29822 and 29823 be referred to the CPT Editorial Panel for revised descriptors. The AAOS submitted revised descriptors and new typical patient vignettes at the September 2019 CPT Editorial Panel meeting and placed on the RUC's level of interest for the January 2019 meeting.

Survey Sample and Process

A survey request was sent to a random selection of members from the American Academy of Orthopaedic Surgeons, and included both 29822 and 29823. The total response rate was a robust response rate of 54 completed, non-conflicted surveys.

Work Recommendation

We recommend the survey 25th percentile work RVU of 7.98 for code 29823.

Time recommendation

An expert panel from the AAOS, and including relevant orthopaedic sub-specialties such as the American Shoulder and Elbow Society (ASES), the Arthroscopic Association of North America (AANA), and the American Orthopaedic Society of Sports Medicine (AOSSM) reviewed the survey data and felt the survey times and work RVUS were accurate and reasonable.

Pre-Service
We recommend Pre-Time Package of 3 (straightforward patient/difficult patient) with the following changes:
Evaluation: Subtract 3 minutes (total = 30) to be consistent with the survey median time.
Positioning: Add 12 minutes (total = 15). The patient is initially placed supine, then rolled into the lateral decubitus position. Pads are placed to protect bony prominences. A shoulder boom is used to support the arm and allow the appropriate amount and angle of traction. Monitors and arthroscopic video equipment is positioned.
Scrub, dress, wait: No change, package time and survey median is 15 minutes.

Intra-Service
We recommend an intra-time of 50 minutes which was the survey median.

Immediate Post-Service
We recommend Post-time Package 9a (General Anesthesia/Regional Block-Straightforward Procedure) with a reduction of 10 minutes (total=20) to be consistent with the survey median.

Post-Service Visits
We recommend a 0.5 discharge day visit, consistent with the Medicare data indicating 61% outpatient site-of-service. We recommend 2-99213 and 1-99212 post-operative office visits which were the median responses from the survey. This visit pattern is consistent with the Key Reference codes 29880 and 29881.

Total Time
We are recommending a total time of 211 minutes.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	Immed POST	VISITS
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7.30	0.065	199	33	10	15	45	15	0.5-99238 2-99213 1-99212
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	7.98	0.067	211	30	15	15	50	20	0.5-99238 2-99213 1-99212
23430	Tenodesis of long tendon of biceps	10.17	0.080	237	33	12	15	45	15	0.5-99238 2-99213 2-99212

MPC Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	Immed POST	VISITS
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	7.97	0.089	185	10	10	15	45	15	0.5-99238 1-99213 3-99212
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	7.98	0.067	211	30	15	15	50	20	0.5-99238 2-99213 1-99212
50590	Lithotripsy, extracorporeal shock wave	9.77	0.091	197	33	3	15	60	15	0.5-99238 2-99213 1-99212

Additional Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	Immed POST	VISITS
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	7.98	0.067	211	30	15	15	50	20	20
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	8.03	0.062	215	33	10	10	50	15	0.5-99238 2-99213 2-99212
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	8.13	0.076	209	33	15	15	45	20	0.5-99238 2-99213 1-99212

Summary

Code 29823 was surveyed for the January 2020 RUC meeting with 54 completed, non-conflicted respondents. We are recommending a work RVU of 7.98 with 30 minutes pre-service, 15 minutes pre-service positioning, and 15 minutes scrub, dress and wait, 50 minutes of intra-service time, 20 minutes immediate post-service time, 0.5 post-operative discharge, 2-99213, 1-99212, total time of 191, IWPUT of 0.080, and WPUT of 0.037.

We believe the recommended work RVU 0f 7.98, the survey 25th % work RVU, which is a reduction from the current, Harvard based work RVU is well aligned with the key reference service codes of 29881 and 23430 with a higher work RVU and higher total time than 29881 and a lower work RVU and lower total time (although a higher intra-service time) than 23430. The WPUT for 29823 is lower than the updated WPUTs for 99212, 99213, 99214, and 99215.

In addition, the recommended work RVU and times are well aligned with MPC codes 67904 and 50590, and other recently surveyed surgical procedures such as 28291 and 45171 which have similar or slightly lower total and intra-service times but slightly higher work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Code 29823 is reported 72% with add-on code 29826 (work RVU=3.00 and intra-time = 40 min) and 54% with code 29827 (work RVU 15.59, pre-time 75, intra-time 120, immediate post-service time 40, .5 99238, 5-99212)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 29823

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 47,122 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty orthopaedics Frequency 43000 Percentage 91.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 29823

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Shoulder Debridement

TAB: 11

						RVW					Total	PRE			INTRA					POST	Facility		POST-OFFICE					12 Month Svy Experience				
SOURCE	CPT	DESC	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	29881	Arthroscopy, knee, surgical; with m	27	0.064	0.036			7.03			194	33	10	15			40			15		0.5				2	1					
REF2	29880	Arthroscopy, knee, surgical; with m	10	0.065	0.037			7.39			199	33	10	15			45			15		0.5				2	1					
HVD	29822	Arthroscopy, shoulder, surgical; deb		0.060	0.037			7.60			204	24	0	15			69			21		0.5				3.5						
SVY	29822	**Arthroscopy, shoulder, surgical;**	**54**	**0.074**	**0.036**	**4.25**	**7.03**	**7.50**	**8.50**	**11.00**	**210**	**30**	**15**	**15**	**15**	**25**	**30**	**45**	**60**	**20**		**1.0**			**2**	**1**			**0**	**11**	**20**	**40**	**200**
REC	29822	25th pctl		0.080	0.037			7.03			191	30	15	15			30			20		0.5				2	1					
REF1	29880	Arthroscopy, knee, surgical; with m	19	0.065	0.037			7.39			199	33	10	15			45			15		0.5				2	1					
REF2	23430	Tenodesis of long tendon of biceps	9	0.084	0.043			10.17			237	33	12	15			60			20		0.5				2	2					
HVD	29823	Arthroscopy, shoulder, surgical; deb		0.055	0.036			8.36			230	23	9	15			84			16		0.5				4						
SVY	29823	**Arthroscopy, shoulder, surgical;**	**54**	**0.094**	**0.044**	**6.50**	**7.98**	**9.99**	**10.24**	**15.50**	**230**	**30**	**15**	**15**	**20**	**40**	**50**	**60**	**75**	**20**		**1.0**			**2**	**1**			**0**	**10**	**23**	**50**	**220**
REC	29823	25th pctl		0.067	0.038			7.98			211	30	15	15			50			20		0.5				2	1					

FACILITY DIRECT PE INPUTS **CPT CODE(S):29822,29823**
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	090
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
29822	A 50-year-old male presents with shoulder pain. He has failed treatment with physical therapy, anti-inflammatory medications, and a steroid injection. Magnetic resonance imaging (MRI) shows a tear of the biceps attachment at the superior labrum. A diagnosis of a symptomatic superior labrum anterior posterior (SLAP) tear is made. An arthroscopic limited debridement of the proximal biceps and its attachment is performed.
29823	A 50-year-old male presents with one year of shoulder pain. He has failed treatment with physical therapy, anti-inflammatory medications, and a steroid injection. Magnetic resonance imaging (MRI) shows chondral degeneration of the humeral head and the glenoid and a partial bursal surface tear of the supraspinatus tendon. A diagnosis of articular cartilage degeneration and a partial rotator cuff tear is made. An arthroscopic extensive debridement of these three structures is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An expert panel that included members of the AAOS and sub-specialties American Shoulder and Elbow Society (ASES), Arthroscopic Association of North America (AANA), and American Orthopaedic Society of Sports Medicine (AOSSM) reviewed PE inputs for 29822 and 29823

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   The current codes are used as references.

3. Is this code(s) typically reported with an E/M service?

   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms	**5 minutes (standard)** Staff reviews all forms with patient and/or caregiver to ensure all relevant history and diagnostic information is included
Coordinate pre-surgery services (including test results)	**20 minutes (standard)** Staff coordinates collection and documentation of test results, patient specific information and other relevant patient information for surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Staff coordinate requisite pre-surgery appointments and visits. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	**8 minutes (standard)** Staff interacts with facility to schedule space, supplies, equipment, and review checklists
Provide pre-service education/obtain consent	**20 minutes (standard)** Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Staff conduct a pre-clearance assessment and final clearance for surgery
Complete pre-procedure phone calls and prescription	**7 minutes (standard)** Staff reviews preoperative medication changes, reviews patient medical status, confirms preoperative cleansing protocol, and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

6 minutes (standard)

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as:

- Responding to patient/family questions about home activity restrictions/WB status, therapy questions
- Telephonic or electronic communication assistance with the office, and other necessary management assistance related to the hospitalization.

- Transitioning discharge information to the office medical record, including correspondence and imaging or lab results pending at discharge

c. Post-service period:

99 minutes – standard clinical staff time for <u>current</u> (2019/2020) office visit E/Ms
Clinical staff will greet the patient, provide gowning, and ensure that all appropriate medical records are available including interval imaging and labs, physical therapy reports, and chart notes from other physicians. Clinical staff will obtain vital signs, prepare the room and necessary supplies, assist with patient positioning for exam, review and document history, systems and medications. Clinical staff will assist the physician during the exam which may include wound and drain (if present) assessment, neurovascular assessment, and ROM assessment. Clinical staff will clean the room and answer any patient/family questions about home care including activity limitations and reinforcement of physical therapy activities. Clinical staff will assist the physician with orders for medication and physical therapy changes. Clinical staff will assist with answering patient, family, caregiver, therapist, other clinician questions and help process changes in care.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	

gown, patient	item	1
pillow case	item	1
cover, thermometer probe	item	1

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (staple)	**SA052**	**pack**		**4.992**
kit, staple removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Time is equal to office visit total time based on current (2019/2020) database time.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**29822**		**29822**		**29823**		**29823**	
3		***RUC Collaboration Website***				Arthroscopy, shoulder, surgical; debridement, limited		Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg,		Arthroscopy, shoulder, surgical; debridement, extensive		Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures	
4	**Clinical Activity Code**	**Meeting Date: 01/2020 Revision Date (if applicable): Tab: 11 Specialty: AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**n/a**	**90**	**n/a**	**90**	**n/a**	**90**	**n/a**	**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 77.99**	**$ -**	**$ 76.64**	**$ -**	**$ 83.20**	**$ -**	**$ 76.64**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**160.5**	**0.0**	**165.0**	**0.0**	**174.0**	**0.0**	**165.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**94.5**	**0.0**	**99.0**	**0.0**	**108.0**	**0.0**	**99.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 59.39**	**$ -**	**$ 61.05**	**$ -**	**$ 64.38**	**$ -**	**$ 61.05**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7		7
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.37								
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37								
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37								
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37								
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27				3.5		1		4		1
89		99213 36 minutes	36						2				2
90		99214 53 minutes	53										
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**94.5**	**0.0**	**99.0**	**0.0**	**108.0**	**0.0**	**99.0**
99		**End: with last office visit before end of global period**											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**29822**		**29822**		**29823**		**29823**	
3		***RUC Collaboration Website***				Arthroscopy, shoulder, surgical; debridement, limited		Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg,		Arthroscopy, shoulder, surgical; debridement, extensive		Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures	
4	**Clinical Activity Code**	**Meeting Date: 01/2020** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**n/a**	**90**	**n/a**	**90**	**n/a**	**90**	**n/a**	**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 77.99**	**$ -**	**$ 76.64**	**$ -**	**$ 83.20**	**$ -**	**$ 76.64**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**160.5**	**0.0**	**165.0**	**0.0**	**174.0**	**0.0**	**165.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**94.5**	**0.0**	**99.0**	**0.0**	**108.0**	**0.0**	**99.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 17.09**	**$ -**	**$ 14.01**	**$ -**	**$ 17.09**	**$ -**	**$ 14.01**
102	SA048	pack, minimum multi-specialty visit	3.0815	pack			4		3		4		3
103	SA054	pack, post-op incision care (suture)	4.7635	pack			1		1		1		1
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.51**	**$ -**	**$ 1.58**	**$ -**	**$ 1.73**	**$ -**	**$ 1.58**
112	EF031	table, power	6030.195		0.016002488		94.5		99.0		108.0		99.0
113													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Absorbable Nasal Implant Repair – Tab 12

In September 2019, the CPT Editorial Panel approved the addition of a code to report repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s).

30468 ***Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)***
The RUC reviewed the survey results from 168 otolaryngologists and determined that the survey 25th percentile work RVU of 2.80 accurately reflects the typical physician work necessary to perform this service. The RUC recommends 38 minutes of pre-service time, 20 minutes of intra-service time, and 15 minutes of immediate post-service time. Pre-time package 3 and post-time package 9A were selected due to this procedure currently being done predominantly in the hospital outpatient setting under general anesthesia. It is anticipated that over time this service may shift to primarily office-based and will be captured by the appropriate site of service screen as that transition occurs and requires revaluation.

The RUC compared the surveyed code to CPT code 45346 *Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)* (work RVU= 2.81 and intra-service time of 20 minutes) and noted that both codes have identical intra-service time and should be valued similarly. Although reference code 45346 has less total time than the survey code, it is a more intense service. CPT code 30468 is more intense than CPT code 45346 due to the risk of cosmetic deformity. The placement of the nasal implant occurs in an area with exceedingly thin skin, where it is easy to puncture the skin during placement. If this occurs, the defect is very difficult to repair and often leads to lifelong scarring. The survey code requires more physician time and work than code 45346 and thus valued appropriately. Additionally, the RUC compared the survey code to the top key reference code 30140 *Submucous resection inferior turbinate, partial or complete, any method* (work RVU= 3.00 and intra-service time of 20 minutes), and noted that both codes have identical intra-service time and should be valued similarly. The majority of survey respondents rated the survey code somewhat more to much more intense/complex than top key reference code 30140, warranting the work value for the survey code. **The RUC recommends a work RVU of 2.80 for CPT code 30468.**

Practice Expense
The Practice Expense (PE) Subcommittee agreed with the specialty's recommendation to add a new supply "absorbable nasal implant and delivery device" kit needed for the procedure. The kit can be used bilaterally or unilaterally. The specialty society clarified that in the very unusual event of unilateral implantation, the second device would be discarded and not be used in another patient. **The RUC recommends the direct PE inputs as submitted by the specialty societies**.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Respiratory System** **Nose** **Repair** *30465*		*Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)* *(30465 excludes obtaining graft. For graft procedure, see 15X00, 20900, 20902, 20910, 20912, 20920, 20922, 20924, 21210, 21235)* *(30465 is used to report a bilateral procedure. For unilateral procedure, use modifier 52)* (Do not report 30465 in conjunction with 30468, when performed on the ipsilateral side) (For repair of nasal vestibular lateral wall collapse with subcutaneous/submucosal lateral wall implant[s], use 30468)		
●30468	O1	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) (30468 is used to report a bilateral procedure. For unilateral procedure, use modifier 52) (Do not report 30468 in conjunction with 30465, when performed on the ipsilateral side) (For repair of nasal vestibular stenosis [eg, spreader grafting, lateral nasal wall reconstruction], use 30465) (For repair of nasal vestibular stenosis or collapse without cartilage graft, lateral wall reconstruction, or subcutaneous/submucosal implant [eg, radiofrequency remodeling, lateral wall suspension, or stenting without graft or subcutaneous/submucosal implant], use 30999)	000	2.80

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:30468 Tracking Number Original Specialty Recommended RVU: **2.80**
Presented Recommended RVU: **2.80**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.80**

CPT Descriptor: Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male presents with chronic nasal obstruction affecting his activity level and sleep despite medical management. Exam reveals nasal valve collapse on normal inspiration relieved by Cottle maneuver. Patient undergoes bilateral absorbable nasal implants to support the upper and lower lateral nasal cartilages.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Meet with patients and family to describe and discuss in detail the planned procedure. Review and update the medical history. Perform a current physical exam. Reconcile medications and allergies. Address NPO status and timing. Discuss the patient's expected convalescence and educate the patient and caregivers regarding the signs and symptoms of the most common complications. Review and obtain informed consent. There is confirmation of site of proposed insertion, and a detailed description is given of the postoperative changes in the graft and incisions and the expected dynamic changes in cosmesis as the wound matures. In each subject, the nasal anatomy as well as the area of maximum lateral wall collapse during inspiration are examined and marked to identify the target implant location and cannula insertion trajectory. The area of maximum collapse is evaluated using the modified Cottle maneuver. The availability of all required instruments and supplies is verified. A timeout is performed with entire surgical team, including confirmation of the procedure, locations, allergies, antibiotic prophylaxis, anesthesia and fire risks, expected duration, and any concerns related to the procedure. Following induction of anesthesia, the patient is positioned. The surgeon scrubs, gowns and preps the patient for the procedure.

Description of Intra-Service Work: A very detailed proposed implant recipient site is carefully measured and marked. The target implant location is established to position the proximal tip of the implant adjacent and across the maxilla to provide cantilever support, and the main cylindrical body of the implant is positioned along a trajectory to support the upper and lower lateral cartilages crossing the area of maximum collapse. There is a device-specific disposable template that is utilized to insure proper placement. Additionally, the separate intranasal, intercartilaginous incision site is marked. The recipient site incision is injected with local anesthetic very slowly taking care to not expand the lateral nasal sidewall tissue or create a hematoma from the angular artery which is in this location, either of which would prohibit implant palpation and therefore placement. An intranasal, intercartilaginous incision is performed using the delivery tool taking care to not penetrate and disrupt the lower lateral cartilages. Careful dissection is then performed in a subperiosteal plane deep to the lateral nasal sidewall periosteal tissues along the entire lateral nasal sidewall up to the level of the medial canthus. The implant is then deployed into the dissected recipient bed. Once delivered, the end of the implant is positioned over and adjacent to the frontal process of the maxilla while the main body extends caudally toward the alar region. The delivery tool is retracted and removed while the implant is simultaneously held in place. The insertion site is sutured closed.

Description of Post-Service Work: The prepped areas of the donor and insertion sites are cleaned. The procedure is dictated. Discharge medications are reconciled. The prescription drug monitoring database is reviewed. Postoperative

orders, medications and instructions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications, and review of the written postoperative instructions. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	R. Peter Manes, MD; Lance Manning, MD					
Specialty Society(ies):	AAO-HNS					
CPT Code:	30468					
Sample Size:	4185	**Resp N:**	168			
Description of Sample:	Targeted Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	10.00	300.00	
Survey RVW:	0.50	2.80	**3.20**	3.86	10.00	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**5.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	4.00	15.00	**20.00**	30.00	65.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	30468	**Recommended Physician Work RVU: 2.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
30140	000	3.00	**RUC Time**

CPT Descriptor Submucous resection inferior turbinate, partial or complete, any method

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.10	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
43450	000	1.28	**RUC Time**	72,488

CPT Descriptor 1 Dilation of esophagus, by unguided sound or bougie, single or multiple passes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	3.00	**RUC Time**	269,109

CPT Descriptor 2 Intubation, endotracheal, emergency procedure

Other Reference CPT Code	Global	Work RVU	Time Source
31530	000	3.50	**RUC Time**

CPT Descriptor Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 64 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 32 **% of respondents:** 19.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 30468	Top Key Reference CPT Code: 30140	2nd Key Reference CPT Code: **31296**
Median Pre-Service Time	38.00	43.00	21.00
Median Intra-Service Time	20.00	20.00	25.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**73.00**	**78.00**	**61.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	19%	59%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	31%	69%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	27%	71%
Physical effort required	14%	54%	32%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and	4%	16%	80%

judgment of physician • Estimated risk of malpractice suit with poor outcome	

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	44%	53%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	55%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	53%	41%
Physical effort required	10%	48%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	28%	31%	41%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

In October 2019, the Academy brought forward a Code Change Application requesting the creation of a new code to report nasal valve repair procedure using a nasal implant. The physician work and technology required to perform the repair of nasal vestibular stenosis using a nasal implant that opens and stabilizes the nasal walls was not specifically described in any existing CPT code. The Panel accepted with modifications Option C of this request to establish codes 30468 which will be published in the 2021 edition of the CPT Book. Previously, this procedure was reported using an unlisted code, CPT 30999.

Survey Sample and Process:

A survey request was sent to a random selection of members from the American Academy of Otolaryngology – Head and Neck Surgery who self-designated as one or more of the following sub-specialties: General Otolaryngology, Rhinology or Facial Plastics.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **2.80 and 20 minutes of intra service time**, based on our survey's 25th percentile.

Time package selection: We have selected pre-time package 3 and post-time package 9A due to this procedure currently being done predominantly in the hospital outpatient setting under general anesthesia. We anticipate over time this will shift to primarily office-based, and will be captured by the appropriate RAW screen(s) as that transition occurs and requires revaluation.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

Evaluation Time – We are recommending 25 minutes of evaluation time which is a decrease of 8 minutes from the pre-service package time based on our survey median.

Positioning Time – We are recommending 3 minutes of positioning time which is a decrease of 2 minutes from the median survey time, but consistent with the pre-service package time for this activity.

Scrub, Dress, Wait Time – We are recommending 10 minutes of scrub, dress and wait time which is a decrease of 5 minutes from the selected pre-service package time, based on our survey median.

This results in a total recommended pre time of 38 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9A (General Anesthesia or Complex Regional Block/ Straightforward Procedure)
Recommended time has been reduced to 15 minutes which is a decrease of 15 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 15 minutes, taking the lesser of surveyed time or the pre-service package time.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Intra Time	Total Time	IWPUT	Most Recent RUC Review
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	000	2.43	15	55	0.1108	2015-10
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	000	2.61	20	73	0.0783	2017-1
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	000	2.74	25	53	0.0874	2017-1
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	000	2.79	30	106	0.041	2012
30140	Submucous resection inferior turbinate, partial or complete, any method	000	3	20	78	0.0922	2016-10
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	000	3.1	25	61	0.0946	2017-1
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	000	3.5	20	95	0.0982	2015-4

Intensity of Work

Review of IWPUT demonstrated that 30468 is similar to both our KRS Codes and MPC codes with a wRVU at the 25th percentile. In fact, respondents indicated this procedure is more intense and complex than both KRS codes, however, the recommendation of the WRVU at the 25th percentile results in a lower IWPUT than both of the selected KRS services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 30999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 11990
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The unspecified nature of J34.89, the ICD10 code used to report nasal valve compromise, has created great difficulty in capturing its prevalence. Nasal airway obstruction is a common complaint treated by otolaryngologists. It has been estimated that more than 20 million Americans are affected by nasal airway obstruction [value calculated based on 2014 US population estimate from US Census and World Bank data in conjunction with incidence numbers cited in: Stewart et al. Epidemiology and burden of nasal congestion. Intl J Gen Med. 2010; 3:37-45] with significant impact on quality of life. Nasal airway obstruction can result from blockages due to septal deviation, turbinate hypertrophy, sinus disease, and/or nasal valve compromise (NVC.)

A recent article found a prevalence of 1,273 (67%) for nasal valve compromise among a cohort of 1,906 patients presenting to otolaryngologists with a complaint of nasal airway obstruction. The prevalence was even higher (881 patients, 73% of individuals with nasal valve collapse) among patients with severe/ extreme nasal airway obstruction (1,211 patients, 63% of all patients) [Clark et al. ENT J. 2018; 97:173-176.] Septoplasty for septal deviation is a commonly performed procedure by otolaryngologists in the ambulatory setting.

In the group of 1,906 patients referenced above, 1,211 of these patients had severe/extreme nasal obstruction according to NOSE scores (see below, above literature for reference of the NOSE score and severity classification). From the total 1,906 patients presenting to otolaryngologists with nasal obstruction,1,453 had septal deviation, of which 965 of those patients with septal deviation also had severe/extreme nasal obstruction.

According to Claims Data the RUC Database, 24,063 septoplasties were performed in 2018. If we assume that all 24,063 septoplasties were done for any septal deviation, then (965/1453) X 24,063=15,981 patients in the annual ambulatory group may have had septal deviation and severe/extreme nasal obstruction. Of those patients with severe/extreme nasal obstruction, 166 had nasal valve stenosis and septal deviation, while 558 had nasal valve collapse and septal deviation in addition to inferior turbinate hypertrophy, resulting in a total of 724 patients with septal deviation and nasal valve stenosis with or without inferior turbinate hypertrophy. By measuring (724/965) x 15,981=11,990, we get the estimate of the total number of patients, per annum, who might be candidates for nasal valve surgery who present to otolaryngologists, with the primary complaint of nasal obstruction, and a measurement of severe/extreme on the nasal obstruction classification.

Specialty Otolaryngology Frequency 11990 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,997
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is approximately 1/3 of the national estimate oultined above.

Specialty Otolaryngology Frequency 3997 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 30140

SS Rec Summary

ISSUE: Absorbable Nasal Implant Repair

TAB: 12

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	30140	000	Submucous resection inferior turbinate, partial or complete,	64	0.092			3.00			78	30	3	10			20			15					
2nd REF	31296	000	Nasal/sinus endoscopy, surgical; with dilation of frontal	32	0.095			3.10			61	15	1	5			25			15					
CURRENT	New Code	000	Repair of nasal valve collapse with subcutaneous/submucosal		#DIV/0!						0														
SVY	30468	000	Repair of nasal valve collapse with subcutaneous/submucosal	168	0.106	0.50	2.80	3.20	3.86	10.00	75	25	5	10	4	15	20	30	65	15	0	2	5	10	300
REC	30468	000	Repair of nasal valve collapse with subcutaneous/submucosal		0.088			2.80			73	25	3	10			20			15					

NON- FACILITY DIRECT PE INPUTS **CPT CODE(S) 30468**

SPECIALTY SOCIETY(IES): AAOHNS

PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
30468	A 50-year-old male presents with chronic nasal obstruction affecting his activity level and sleep despite medical management. Exam reveals nasal valve collapse on normal inspiration relieved by Cottle maneuver. Patient undergoes bilateral absorbable nasal implants to support the upper and lower lateral nasal cartilages.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology, rhinology and allergy. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   These are new codes, but we felt that CPT 31297 was most clinical similar and our surveyees also selected it as a KRS.

3. Is this code(s) typically reported with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are recommending clinical staff pre-time above the standard for 000 globals of 0 minutes. This is consistent with the PE approved in the January 2017 for the FESS family of codes and October 2016 meeting for CPT 30140 Resection of Inferior Turbinate. The rationale for this time is that non-facility staff are essential to completing diagnostic and referral forms and providing education and consent to the patient prior to the procedure.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence*

guidelines) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A this is a new CPT code

The following new supplies were added to this code as compared to the comparison code's PE:
SA048 pack, minimum multi-specialty visit – *this was erroneously left out of the PE for comparator code 30140. Necessary to keep the area clean.*
SJ043 povidone swabsticks (3 pack uou) - *nasal vestibule swab to clean area before inject*
SB012 drape, sterile, for Mayo stand - *drape for mayo stand*
SB019 drape-towel, sterile 18in x 26in - *placed on SMR cart to work - load implant here*

The following new equipment was added to this code as compared to the comparison code's PE:
EF015 mayo stand - *Place instruments and implant on this during procedure*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms
Provide pre-service education/obtain consent

   b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records are available
Obtain vital signs (3-5) - *heart rate, blood pressure, temperature, oxygen saturation*
Prepare room, equipment and supplies
Prepare, set-up and start IV, initial positioning and monitoring of patient
Sedate/apply anesthesia
Assist physician or other qualified healthcare professional---directly related to physician work time (100%)
Monitor patient following procedure/service, multitasking 1:4
Clean room/equipment by clinical staff
Clean surgical instrument package -
Check dressings, catheters, wounds
Review home care instructions, coordinate visits/prescriptions - *educate on what patient needs to do at home - activity, meds / confirm pharmacy, set up f/u appt.*

   c. Post-service period:

Conduct patient communications - *check in to see how the patient is doing.*

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

Added new supply Absorbable nasal implant and deployment device kit needed for the procedure.

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No Computer Listed for these procedures.

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

We selected "other formula" for line 134, Chair with headrest, reclining, exam. The reason for this is that it is the default formula with the monitoring time added to it. The patient is in this chair for the entire procedure (pre/intra/post) as well as the one hour of monitoring time. ENT offices do not have waiting rooms or stretchers for monitoring, so the patient remains in the exam chair during this time.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

30140

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS **CPT CODE(S): 30468**

SPECIALTY SOCIETY(IES): AAOHNS

PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
30468	A 50-year-old male presents with chronic nasal obstruction affecting his activity level and sleep despite medical management. Exam reveals nasal valve collapse on normal inspiration relieved by Cottle maneuver. Patient undergoes bilateral absorbable nasal implants to support the upper and lower lateral nasal cartilages.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology, rhinology and facial plastics. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   This is a new code, but we felt that CPT 30140 was most clinical similar and our surveyees also selected it as a KRS.

3. Is this code(s) typically reported with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are recommending clinical staff pre-time above the standard for 000 globals of 0 minutes. This represents extensive use of clinical staff per the PE Subcommittee standards and is consistent with the PE approved in the January 2017 for the FESS family of codes and October 2016 meeting for CPT 30140 Resection of Inferior Turbinate. The rationale for this time is that staff are essential to scheduling and completing paperwork necessary to schedule these procedures in the facility setting. All new codes are consistent with these recommendations and include time for extensive use of clinical staff time in the pre-service as well.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A these are new CPT codes

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

N/A Facility

   b. Service period (includes pre, intra and post):

N/A Facility

   c. Post-service period:

N/A Facility

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A Facility

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A Facility

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

N/A Facility

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

30140

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**30140**		**30468**	
3		***RUC Collaboration Website***				Submucous resection inferior turbinate, partial or complete, any method		Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 12** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.06**	**$ 11.10**	**$ 2,086.10**	**$ 11.10**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**80.0**	**30.0**	**82.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12.0**	**27.0**	**12.0**	**27.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**65.0**	**0.0**	**67.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**3.0**	**3.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 29.60**	**$ 11.10**	**$ 30.34**	**$ 11.10**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	5	5	5	5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		10		10
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		5		5
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	7	7	7	7
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37				
23			L037D	RN/LPN/MTA	0.37				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37	2		2	
42			L037D	RN/LPN/MTA	0.37				
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37	20		20	
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37				
55			L037D	RN/LPN/MTA	0.37				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37	15		15	
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37	10		10	
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37			2	
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.37				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3	3	3
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
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6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.06**	**$ 11.10**	**$ 2,086.10**	**$ 11.10**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**80.0**	**30.0**	**82.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12.0**	**27.0**	**12.0**	**27.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**65.0**	**0.0**	**67.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**3.0**	**3.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 56.31**	**$ -**	**$ 2,053.55**	**$ -**
102	SA043	pack, cleaning, surgical instruments	8.9745	pack		1		1	
103	SA048	pack, minimum multi-specialty visit	3.0815	pack		new		1	
104	SB019	drape-towel, sterile 18in x 26in	0.376	item		4		4	
105	SB024	gloves, sterile	0.875	pair		2		2	
106	SB027	gown, staff, impervious	1.186	item		2		2	
107	SB034	mask, surgical, with face shield	1.2395	item		2		2	
108	SB046	drape, sterile, split-sheet	7.3812	item		1		1	
109	SC029	needle, 18-27g	0.0645	item		2		2	
110	SC051	syringe 10-12ml	0.197	item		1		1	
111	SD009	canister, suction	4.109	item		1		1	
112	SD132	tubing, suction, non-latex (6ft uou)	1.2125	item		1		1	
113	SD214	tubing, suction, non-latex (2ft) with Frazier tip (1)	19.4033	item		1		1	
114	SF033	scalpel with blade, surgical (#10-20)	0.867	item		1			
115	SG031	cottonoid	0.7865	item		2			
116	SG055	gauze, sterile 4in x 4in	0.1745	item		3		3	
117	SH047	lidocaine 1%-2% inj (Xylocaine)	0.0475	ml		5		5	
118	SH050	lidocaine 4% soln, topical (Xylocaine)	0.1665	ml		5		5	
119	SJ010	basin, emesis	0.233	item		1			
120	SJ037	oxymetazoline nasal spray (Afrin) (15ml uou)	1.745	item		1		1	
121	SL464	Atomizer tips (disposable)	0	item		1		1	
122	SM001	atomizer tip shield (RhinoGuard)	0.79	item		1		1	
123	SJ043	povidone swabsticks (3 pack uou)	0.4445	item		new		1	
124	SB012	drape, sterile, for Mayo stand	1.379	item		new		1	
125	SB019	drape-towel, sterile 18in x 26in	0.376	item		new		0	
126	NEW	Absorabable nasal implant and delivery device	1995	kit		new		1	
127									
128		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
130	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
131		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 8.15**	**$ -**	**$ 2.22**	**$ -**
132	EQ234	suction and pressure cabinet, ENT (SMR)	3853.6165	Default	0.010226444	100		40	
133	EQ170	light, fiberoptic headlight w-source	3014.9315	Default	0.01194575	100		40	
134	EF008	chair with headrest, exam, reclining	5322.511	Other	0.011839361	100		100	
135	EQ384	Microdebrider handpiece	4760	Default	0.012631738	100			
136	EQ385	Microdebrider console	9034	Default	0.029158428	100			
137	EQ137	instrument pack, basic ($500-$1499)	500	Instrument Packs	0.002323783	104		44	
138	EQ383	reusable shaver blade, 2mm	790	Default	0.003130135	104			
139	EF015	mayo stand	526.782	Default	0.001171771	NEW		40	
140									
141									
142		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2019

January 2020

Atrial Septostomy – Tab 13

Two transvenous septostomy codes, CPT code 92992 *Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)* and CPT code 92993 *Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)* were nominated by the Society for Cardiovascular Angiography and Interventions as potentially misvalued in comments on the CY 2019 PFS Final Rule. These services are typically performed on pediatric patients, a non-Medicare population, and are contractor priced. The specialty society requested that these services be surveyed through the RUC process. In January 2019, the RUC identified the possibility that related imaging guidance may not be correctly bundled into CPT code 92992. Therefore, the RUC recommended that CPT code 92992 be referred to the CPT Editorial Panel for revision to bundle in all forms of imaging guidance typically used during the procedure. Additionally, the specialty societies indicated that CPT code 92993 is antiquated and rarely performed. The RUC recommended that CPT code 92993 be referred to the CPT Editorial Panel for revision or possible deletion. The RUC recommended that the codes be surveyed as 000-day global periods because these procedures do not provide definitive therapy; the patients requiring these procedures often remain critically ill after the lifesaving/temporizing procedures. In September 2019, the CPT Editorial Panel deleted two codes describing atrial septostomy and replaced them including a new section in CPT with extensive guidelines and new descriptors to better describe bundled services for transcatheter atrial septostomy (TAS) and transcatheter intracardiac shunt creation by stent placement (TIS).

33741 ***Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)***
Septostomy is a rare, lifesaving, emergent procedure performed by pediatric interventional cardiologists for infants with a severe form of congenital heart disease. The level of difficulty has increased due in part to its performance on extremely small newborns and neonates. With the increasing numbers of successful premature infants surviving to delivery, the average gestational age and size of the patient who receives the intervention has progressively decreased (smallest 1200 grams). This progression of increasingly more premature infants has complicated the procedure further due to the numerous other comorbidities that accompany extreme prematurity, namely, immature pulmonary development and an increased incidence of acute kidney injury and hepatic dysfunction. However, the available equipment for performance of an atrial septostomy has not changed in the roughly five decades since this procedure was first performed. The result is a transition of the procedure being performed at the bedside, to one that most often now requires performance in the cardiac catheterization lab.

The RUC reviewed the survey results from 56 interventional cardiologists and pediatric/congenital interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 33340 *Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed,*

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and radiological supervision and interpretation (work RVU = 14.00, 90 minutes intra-service time and 183.0 minutes total time) would accurately reflect the physician work necessary for this service and falls appropriately between the median and survey 25th percentile. The crosswalk was selected for the RVU only, not the service period times, because the value has been recently RUC-reviewed (2016) and CMS-accepted and is an understandable intracardiac procedure that crosses from the right to the left side of the heart.

The RUC recommends 20 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 55 minutes intra-service time and 45 minutes immediate post-service time. The RUC discussed the difference in intensity between the survey code (IWPUT = 0.220) and the proposed crosswalk (IWPUT = 0.136). The specialties explained that the crosswalk code is an elective/scheduled adult procedure while the survey code is an emergent life-saving procedure on a newborn resulting in significantly higher intensity for the survey code. The specialties further explained that there is an issue for pediatric intensivists who cannot report for critical care due to another provider from the same specialty also reporting critical care on same day. The RUC recommended revising the pre-service package in order to capture the intensity involved in the pre-service time; thus, the RUC recommended the pre-service times as indicated by the survey respondents.

The RUC compared CPT code 33741 to the top key reference code 93580 *Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant* (work RVU = 17.97, 30 minutes pre-service time, 120 minutes intra-service time and 60 minutes immediate post-service time) and noted the intra-service time is more than double that of the survey code justifying the higher value. However, the RUC also noted that the higher intra-service time for the key reference service is offset by the intensity of the survey code. CPT code 33741 is considered more intense, with 75% of survey respondents that selected the reference code indicating that the survey code had more overall intensity/complexity relative to the key reference code. As with the crosswalk code, the difference in intensity is attributed to the precarious size of the patient and the urgent nature of the survey procedure. Per the vignette for 93580, patients range from infants to adults whereas the typical patient for the survey code is a 1-day old premature infant.

The RUC also referenced the second key reference code 92920 *Percutaneous transluminal coronary angioplasty; single major coronary artery or branch* (work RVU = 9.85, 29 minutes pre-service time, 68 minutes intra-service time and 30 minutes immediate post-service time) noting that these are high intensity codes, so it is difficult to rely only on intra-service time. However, the typical patient for 92920 is an adult in contrast to the survey code's vignette for a 1-day-old premature infant. Thus, the total time and intensity of the reference code is much less than the survey code. It was noted that 43% of survey respondents that selected the second key reference code (12.5%) rated the survey code as more intense and complex, justifying a higher work value for the survey code. The key reference codes appropriately bracket the survey code and demonstrate that the crosswalk value will maintain relativity within the family.

For additional support, the RUC compared the survey code to CPT code 31601 *Tracheostomy, planned (separate procedure); younger than 2 years* (work RVU = 8.00, 60 minutes pre-service time, 45 minutes intra-service time and 30 minutes immediate post-service time) noting that septostomy is similar to a tracheostomy of the heart. For both procedures, the potential outcome is the same, in the absence of a hole successfully being made, the patient will die. However, whereas the physician typically has full visualization of an immobile operative field, the neck area, when performing a tracheostomy, for septostomy the physician must rely on imaging guidance to perform the procedure in the heart, which remains

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constantly moving. Moreover, the comparator code is a planned procedure on a typical 18-month-old patient while the survey code is an emergency procedure on a premature infant, thus the value and intensity are appropriately higher for the survey code.

The RUC concluded that CPT code 33741 should be valued based on a direct work RVU crosswalk to CPT code 33340 which falls between the median and 25th percentile as supported by the survey. **The RUC recommends a work RVU of 14.00 for CPT code 33741.**

33745 ***Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt***

Transcatheter intracardiac shunt creation by stent implant is a procedure performed predominantly by pediatric interventional cardiologists for infants and children with severe forms of congenital heart disease. It is a rare procedure performed roughly half as often as a septostomy. The new code provides treatment for a variety of congenital heart defects ranging from a premature infant with hypoplastic left heart syndrome with a restrictive atrial communication, to an older child/adult with late post-surgical complications of prior repair of congenital heart defects (Fontan, Mustard, Senning, Warden procedures, to name a few).

There is no similarity in the work captured with CPT code 33745 and that for CPT code 33741. The latter is a replacement of the original 2 atrial septostomy codes (balloon and blade methods). The two old septostomy codes were felt to be similar and could be captured with a single code. CPT code 33745 is a new code created with the initial thought having been to capture the work performed in premature infants who underwent atrial decompression of hypoplastic left heart syndrome, with placement of a stent in a very restrictive atrial communication. As the code was developed, the specialty had at least six different diagnoses/scenarios for which a stent was placed in various positions within the heart. Rather than create six different codes, the specialties broadened the description to capture all of them rather than have six different codes of similar work. The physician work described in 33745 was not captured in the previous codes.

The RUC reviewed the survey results from 54 interventional cardiologists and pediatric/congenital interventional cardiologists and determined that the survey 25th percentile work RVU of 20.00 accurately reflects the physician work necessary for this service. The RUC recommends 25 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 92 minutes intra-service time and 60 minutes immediate post-service time. The RUC recommended revising the pre-service time package to reflect the survey results.

The RUC questioned the high intensity of the survey code given that it is not an emergent procedure. The specialties explained that the primary issue of increased complexity/stress/risk is surrounding the fact that these are stents implanted inside the beating heart itself and not within a blood vessel as all other stent CPT codes. Unlike those other interventions, any error in the precise placement of the stent in these procedures results in a delivered stent loose within the heart and requires emergency surgery to retrieve.

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The RUC compared CPT code 33745 to the top key reference code 93581 *Percutaneous transcatheter closure of a congenital ventricular septal defect with implant* (work RVU = 24.39, 30 minutes pre-service time, 180 minutes intra-service time and 60 minutes immediate post-service time) and noted the intra-service time is nearly twice that of the survey code justifying the higher value. However, the RUC also noted that the higher intra-service time for the key reference service is offset by the intensity of the survey code. CPT code 33745 is considered more intense for the reasons, with 89% of survey respondents that selected the reference code indicating that the survey code had more overall intensity/complexity relative to the key reference code.

The RUC also referenced the second key reference code 93580 *Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant* (work RVU = 17.97 and 30 minutes pre-service time, 120 minutes intra-service time and 60 minutes immediate post-service time) and again noted that the higher intra-service time for the key reference service is offset by the intensity of the survey code. All the survey respondents that selected the second key reference code (26%) rated the survey code as more intense and complex, justifying the higher work value for the survey code. The RUC concluded that CPT code 33745 should be valued at the 25th percentile work RVU of 20.00 as supported by the survey and appropriately bracketed by the key reference service codes. **The RUC recommends a work RVU of 20.00 for CPT code 33745.**

33746 ***Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 53 interventional cardiologists and pediatric/congenital interventional cardiologists and determined that the survey median work RVU of 10.50 accurately reflects the physician work necessary for this add-on service, which is needed under emergency circumstances. The RUC recommends 60 minutes intra-service time. As with the base code (33745), the primary issue of increased intensity/complexity surrounds the fact that these are stents implanted inside the beating heart itself and not within a blood vessel as all other stent CPT codes. Unlike those other interventions, any error in the precise placement of the stent in these procedures results in a delivered stent loose within the heart and requires emergency surgery to retrieve. CMS inquired whether, when it is determined that the second stent is needed, is it typically straddling a vessel. The specialties confirmed that the stent typically overhangs the heart, most commonly in a different site within the heart.

The RUC compared CPT code 33746 to the top key reference code 93592 *Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)* (work RVU = 8.00 and 60 minutes intra-service time) and noted that the ZZZ codes have the same intra-service time but the survey code is valued higher due to the higher intensity of the code. For the reasons, the survey code is considered more intense with 74% of survey respondents that selected this reference code indicating that the survey code had more overall intensity/complexity relative to the key reference code.

For additional support, the RUC referenced the second key reference code 92998 *Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)* (work RVU = 5.99 and 58 minutes intra-service time) and noted

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the lesser intra-service time and physician work for the key reference service. The reference code is also much less intense than the survey code with 77% of survey respondents that selected the second key reference code (25%) rating the survey code as more intense and complex, again justifying the higher work value for the survey code. The RUC concluded that CPT code 33746 should be valued at the median work RVU of 10.50 as supported by the survey. **The RUC recommends a work RVU of 10.50 for CPT code 33746.**

Practice Expense
These services are facility-only and have no direct practice inputs. **The RUC recommends no direct practice inputs for CPT codes 33741, 33745, and 33746.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Heart and Pericardium** **Shunting Procedures** Codes 33741, 33745 are used to report creation of effective intracardiac blood flow in the setting of congenital heart defects. Code 33741 (transcatheter atrial septostomy) involves the percutaneous creation of improved atrial blood flow (eg, balloon/blade method), typically in infants ≤4 kg with congenital heart disease. Code 33745 is typically used for intracardiac shunt creation by stent placement to establish improved intracardiac blood flow (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles). Code 33746 is used to describe each additional intracardiac shunt creation by stent placement at a separate location during the same session as the primary intervention (33745). Code 33741 includes percutaneous access, placing the access sheath(s), advancement of the transcatheter delivery system and creation of effective intracardiac atrial blood flow. Codes 33741, 33745 include, when performed, ultrasound guidance for vascular access and fluoroscopic guidance for the intervention. Code 33745 additionally includes intracardiac stent placement, target zone angioplasty preceding or after stent implantation, and complete diagnostic right and left heart catheterization, when performed. Diagnostic cardiac catheterization is not typically performed at the same session as transcatheter atrial septostomy (33741) and, when performed, may be separately reported. Diagnostic cardiac catheterization is typically performed at the same session with 33745 and the code descriptor includes this work, when performed. Cardiovascular injection procedures for diagnostic angiography reported using 93563, 93565, 93566, 93567, 93568 are not typically performed at the same session as 33741. Although diagnostic angiography is typically performed during 33745, target vessels and chambers are highly variable and, when performed, for an evaluation separate and distinct from the shunt creation may be reported separately.				

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Codes 33745, 33746 are used to describe intracardiac stent placement. Multiple stents placed in a single location may only be reported with a single code. When additional, different intracardiac locations are treated in the same session, 33746 may be reported. Codes 33745, 33746 include any and all balloon angioplasty(ies) performed in the target lesion, including any pre-dilation (whether performed as a primary or secondary dilation), post-dilation following stent placement, or use of larger/smaller balloon to achieve therapeutic result. Angioplasty in a separate and distinct intracardiac lesion may be reported separately. Use 33746 in conjunction with 33745.

Diagnostic right and left heart catheterization codes 93451, 93452, 93453, 93456, 93458, 93460, 93530, 93531, 93532, 93533, should **not** be used in conjunction with 33741, 33745 to report:

1. Fluoroscopic guidance for the intervention, or

2. Limited hemodynamic and angiographic data used solely for purposes of accomplishing the intervention (eg, measurement of atrial pressures before and after septostomy, atrial injections to determine appropriate catheter position)

Diagnostic congenital right and left heart catheterization codes 93530, 93531, 93532, 93533 performed at the same session as 33741, may be separately reported, if:

1. No prior study is available, and a full diagnostic study is performed, or

2. A prior study is available, but as documented in the medical record:

   a. There is inadequate visualization of the anatomy and/or pathology, or

   b. The patient's condition with respect to the clinical indication has changed since the prior study, or

   c. There is a clinical change during the procedure that requires a more thorough evaluation

For same session diagnostic congenital catheterization services, the appropriate diagnostic cardiac catheterization code(s) for congenital anomalies 93530, 93531, 93532, 93533 may be reported by appending with modifier 59, indicating separate and distinct procedural service(s) from 33741. For same session diagnostic cardiac angiography for an evaluation separate and distinct from the shunt creation, report the appropriate contrast injection(s) performed 93563, 93565, 93566, 93567, 93568 may be reported by appending with modifier 59, indicating separate and distinct procedural service(s) from 33741, 33745.

33735 *Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)*

33736 *open heart with cardiopulmonary bypass*

(Do not report modifier 63 in conjunction with 33735, 33736)

33737 *open heart, with inflow occlusion*

~~(For transvenous method cardiac catheterization balloon atrial septectomy or septostomy (Rashkind type), use 92992)~~

~~(For blade method cardiac catheterization atrial septectomy or septostomy (Sang Park septostomy), use 92993)~~

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●33741	P1	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade) (Do not report modifier 63 in conjunction with 33741) (For transseptal puncture, use 93462)	000	14.00
●33745	P2	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	000	20.00
+●33746	P3	each additional intracardiac shunt location (List separately in addition to code for primary procedure) (Use 33746 in conjunction with 33745) (Do not report 33745, 33746 in conjunction with 93530, 93531, 93532, 93533)	ZZZ	10.50
Medicine **Cardiovascular** **Therapeutic Services and Procedures** **Other Therapeutic Services and Procedures** *92970 Cardioassist-method of circulatory assist; internal* *92971 external* (For balloon atrial-septostomy, use ~~92992~~ 33741) *(For placement of catheters for use in circulatory assist devices such as intra-aortic balloon pump, use 33970)*				
~~D~~92992	-	~~Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)~~	090	N/A (2020 work RVU = CP)

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~~D~~92993	-	~~blade method (Park septostomy) (includes cardiac catheterization)~~ (92992, 92993 have been deleted) (For atrial septectomy or septostomy, transvenous method, balloon or blade, use 33741)	090	N/A (2020 work RVU = CP)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33741 Tracking Number P1 Original Specialty Recommended RVU: **17.00**
Presented Recommended RVU: **14.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **14.00**

CPT Descriptor: Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all itransmaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)

(Do not report modifier 63 in conjunction with 33741)

(For transseptal puncture, use 93462)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 1-day-old premature male infant with transposition of the great arteries is severely cyanotic and in cardiogenic shock following delivery. He is felt to be too small and hemodynamically unstable to proceed for definitive surgical repair. He is taken to the cardiac catheterization lab for transcatheter palliative therapy prior to definitive repair.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review noninvasive work-up including echocardiogram, CXR, EKG, or any other pertinent studies and lab results. Based on available information, determine all potential components required for the procedure plus contingencies and backups. Ensure presence of all required components prior to procedure start. Perform and document a targeted history and physical exam. Provide a description of the procedure and expected results to the parents of the patient, a description of potential hazards and secure signature of informed consent for the procedure. Acquaint the patient or parents with the catheterization laboratory, if time permits. Conduct final procedural coordination with technicians, nurses, and the anesthesiology team. Don surgical scrubs & lead. Position patient. Prep, scrub, drape and wait. All necessary catheters, wires, and supplies are selected and assembled on the sterile table. Procedures are typically conducted under general anesthesia.

Description of Intra-Service Work: Cardiac catheterization during this procedure refers solely to the placement of a unique, therapeutic, septostomy catheter from the venous sheath into the right atrium, and further across to the left atrium. Any additional diagnostic right or left cardiac catheterization following the septostomy procedure is separately reportable. Local anesthetic may be used. Access is obtained percutaneously, typically into the femoral vein. Alternatively, the umbilical vein may be used.. Ultrasound evaluation and real time guidance may be used for percutaneous needle entry of the femoral vein. A thin guide wire is passed through the needle into the vessel. A venous sheath is placed, over a wire, into either the femoral or umbilical vein. The wire is removed and the sheath flushed.

The therapeutic septostomy catheter is passed through the sheath and directed from the venous system into the right atrium and across the restrictive atrial communication to the left atrium. This is performed under fluoroscopic and/or transthoracic echocardiographic guidance. Transthoracic echocardiographic guidance is typically performed by another provider, and additionally reportable. Often, the anatomy may be complicated and require the use of a diagnostic end hole catheter and

guide wire to help cross the atrial communication, and establish a secure wire position in the left heart. Typically, the wire is positioned in one of the left pulmonary veins. The guide catheter is then removed and, the septostomy catheter is advanced over the wire into the left atrium. Position is confirmed by transthoracic echocardiography as well as fluoroscopically. The balloon is inflated with a pre-determined amount of contrast and saline mixture, and then carefully but quickly pulled across to the right atrium under continuous fluoroscopic and/or echocardiographic observation. Once on the right side of the heart, the balloon is deflated so as not to obstruct the systemic venous return. A transthoracic echocardiogram is performed to evaluate adequacy of the communication. Often, the balloon is advanced across to the left side once again and the process repeated to further enlarge the communication. At times, the septal tissue is too thick and necessitates the use of a specialized septostomy blade catheter. Similar to the balloon method, the blade catheter is advanced into the left atrium, the cutting blade is then exposed, and the catheter pulled slowly across the atrial septum, creating an incision of the septal tissue. Alternatively, a static septoplasty may also be performed. This involves passage of a larger diameter, high pressure, angioplasty balloon catheter across the atrial communication and enlarging the communication by static inflation of the balloon to stretch/tear the communication to a larger size. Following the procedure, the catheter is removed and compression hemostasis achieved in the catheterization lab, and prior to being taken back to the intensive care unit. If the umbilical vein was used for the procedure, a guide wire is typically passed through the sheath, prior to removal, and the sheath exchanged for an umbilical venous catheter, to be used for ongoing inpatient care.

Description of Post-Service Work: Following catheterization, a brief procedure note is documented in the medical record. Once hemostasis of the catheterization site has been ensured, the patient is transported to the intensive care unit and a verbal report given to the accepting team. Medication reconciliation is performed in the EMR and post procedure orders are placed for nursing care. A detailed report is also documented, which includes a diagram of the congenital heart defect and description of the procedure performed. There is at least one physician bedside visit to assess the patient, including the catheterization sites, and discuss the findings with the patient and/or family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Sergio Bartakian, MD; Ed Toggart, MD; Richard Wright, MD; Edward Tuohy, MD					
Specialty Society(ies):	SCAI, ACC					
CPT Code:	33741					
Sample Size:	831	**Resp N:**	56			
Description of Sample:	random SCAI pediatric/congenital interventional members and random ACC interventional members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	7.00	20.00	
Survey RVW:	3.50	10.99	**17.00**	19.93	30.00	
Pre-Service Evaluation Time:			**20.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	15.00	36.00	**55.00**	60.00	180.00	
Immediate Post Service-Time:	**45.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33741	**Recommended Physician Work RVU: 14.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**40.00**	**-20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**55.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93580	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92920	000	9.85	**RUC Time**

CPT Descriptor Percutaneous transluminal coronary angioplasty; single major coronary artery or branch

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	42,804

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	24,454

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 33741	Top Key Reference CPT Code: 93580	2nd Key Reference CPT Code: **92920**
Median Pre-Service Time	50.00	30.00	23.00
Median Intra-Service Time	55.00	120.00	68.00
Median Immediate Post-service Time	45.00	60.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**150.00**	**210.00**	**121.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	17%	50%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	17%	54%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	21%	21%	58%
Physical effort required	17%	54%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	43%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	43%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	57%	14%
Physical effort required	14%	71%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	58%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The two transvenous septostomy codes were nominated by SCAI as potentially misvalued in comments on the CY 2019 PFS final rule. These primarily pediatric services are currently carrier-priced which places an undue burden on pediatric interventional cardiologists and their patients' families. After attempting to survey these codes for the January 2019 meeting, the RUC decided it would be better for carrier pricing to be maintained while the codes went to CPT to address shortcomings in the inclusion of imaging guidance.

Septostomy is a lifesaving, emergent, procedure performed by pediatric interventional cardiologists for infants with a severe form of congenital heart disease. The difficulty is partly due to the performance on extremely small infants. With the increasing numbers of successful premature infants surviving to delivery, the average gestational age and size of the patient who receives the intervention has progressively decreased. This progression of increasingly more premature infants has complicated the procedure further due to the numerous other comorbidities that accompany extreme prematurity, namely, immature pulmonary development and an increased incidence of acute kidney injury and hepatic dysfunction. However, the available equipment for performance of an atrial septostomy has not changed in the roughly 5 decades since this procedure was first performed. The end result is a transition of the procedure being able to be performed largely at the bedside, to one that most often now requires performance in the catheterization lab. Last year, the original codes were re-surveyed, however, it was clearly evident that these changes in practice were no longer captured by the existing codes. Our specialty society pediatric interventional cardiology CPT work group discussed this issue extensively and decided patients and the community were best served by deleting the original codes and drafting 3 new codes to capture the existing patient population and work performed.

SCAI and ACC randomly surveyed pediatric and adult structural heart disease interventional cardiologists, as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93580 for transcatheter closure of an atrial septal defect. It was selected by 43% of respondents. Most of these respondents indicated 33741 was more intense/complex overall. The second key reference code is 92920 for percutaneous transluminal coronary angioplasty. It was selected by 13% of respondents. Most of these respondents also indicated 33741 was more intense/complex overall.

The society reviewers reviewed the pre-service and post-service package times in comparison to the survey pre-service times and post-service times. We are proposing to use preservice package 4 for difficult patients under general anesthesia with time removed to align with the survey. We propose postservice package 9B for difficult patients under general anesthesia with time added/adjusted as follows to reflect work beyond the typical package:

Total Post-Service Time	**9B General Anesthesia or Complex Regional Block/Complex Procedure**	**Rec.**	**Rationale**
Total Post-Service Time	**33**	**45**	
Details:			
Application of Dressing	2	1	
Transfer of supine patient off table	1	3	One minute would be appropriate for elective, outpatient cases post conscious sedation. These procedures are performed on inpatient newborns, post general anesthesia, on a ventilator, and remaining in critical condition.
Operative Note	5	5	
Monitor patient recovery/stabilization	10	1	Patient is transferred urgently to the ICU who assume responsibility for further monitoring care.
Communication with patient and/or family	5	15	Communication with a parent is exceedingly difficult as it typically involves communication performed twice, first with the father who accompanied the infant, and a second time, with the mother who remains in the maternity ward. This latter is often performed in person and requires the physician to walk to the adult tower / women's hospital as the pediatric catheterization labs are never in those areas. Communication is also significantly more time consuming in discussion with parents of a critically ill infant than an elective, non-emergent situation with an adult patient.
Written post-operative note	5		The pediatric congenital catheterization report is significantly more complex and lengthier as compared to other postoperative reports as they also

		15	include a detailed, anatomically correct, drawing of the heart, description of all catheter and wire manipulations, the intervention, description of any and all angiography.
Post-Operative Orders and Order Entry	5	5	

For additional comparison, the societies identified MPC code 52352 for cystourethroscopy as a comparison. This code has 10 minutes less intraservice time and 8 minutes less total time. By magnitude estimation, we believe it is appropriate for 92992 for catheter work inside an infant's heart to have a work RVU significantly higher than 52352 which describes work performed the ureter and bladder.

The resulting high IWPUT (0.284) that would result from the proposed value was discussed by the ACC and SCAI physician reviewers. Other high IWPUT procedures were reviewed for comparison. Procedure code 58672 (Laparoscopy, surgical; with fimbrioplasty) has an IWPUT of 0.377. Both, septostomy (33741) and fimbrioplasty (58672), are performed primarily in non-Medicare populations. Both procedures are performed in exceedingly small spaces, typically only 1 cm in size. ACC and SCAI reviewers also compared septostomy (33741) to tracheostomy (31605), which has an IWPUT of 0.2768. Both procedures are typically performed under emergent conditions. In essence, septostomy is a "tracheostomy of the heart". For both procedures, the potential outcome is the same, in the absence of a hole successfully being made – the patient will die. However, whereas the operator typically has full visualization of a fairly immobile operative field, the neck area, when performing a tracheostomy, for septostomy the physician must rely on imaging guidance to perform the procedure in the heart, which remains constantly moving. I n reviewing other high IWPUT procedures, based on magnitude estimation, the societies believe the resulting high IWPUT of 0.284 that would result from the proposed value of 17.00 RVUs for 33741 is appropriate and relative.

Therefore, for code 33741 the societies **recommend the survey median percentile work RVU of 17.00 with 20 minutes preservice time (package 4 with 20 minutes removed from the preservice eval time, as well as, 5 minutes removed from the survey time for scrub, dress and wait to align it with the package time), 55 minutes intraservice time from the survey median and 45 minutes postservice time from package 9B with modification**. We believe these values are appropriate given the intensity of the work necessary for these fragile infant patients.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92992

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Rarely

Specialty Interventional Cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicaid data in the RUC database inlcuded 263 units of service for 92992. Assuming that representing a third of services nationally, we estimate 1000 units of service.

Specialty Cardiology Frequency 500 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 500 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fewer than 40 92992 services have been performed in FFS each year over the past decade.

Specialty Cardiology Frequency 20 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 20 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92992

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33745 Tracking Number P2 Original Specialty Recommended RVU: **24.21**
Presented Recommended RVU: **20.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **20.00**

CPT Descriptor: Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 10-year-old male with hypoplastic left heart syndrome, status post Fontan procedure 7 years prior, develops worsening single ventricular function and increased pulmonary arterial and Fontan pressures. He is felt to be a poor (high-risk) candidate for surgical Fontan revision. He is taken to the cardiac catheterization lab for relief of the obstruction at the Fontan fenestration with stent implant.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review noninvasive work-up including echocardiogram, CXR, EKG, cardiac CT, MRI, or 3D priter model and review of any other pertinent studies and lab results. Based on available information, determine all potential components required for the procedure plus contingencies and backups. Ensure presence of all required components prior to procedure start. Perform and document a targeted history and physical exam. Provide a description of the procedure and expected results to the parents of the patient, a description of potential hazards and secure signature of informed consent for the procedure. Acquaint the patient or parents with the catheterization laboratory. Conduct final procedural coordination with technicians, nurses, and the anesthesiology team. Don surgical scrubs & lead. Position patient. Prep, scrub, drape and wait. All necessary catheters, wires, and supplies are selected and assembled on the sterile table. Procedures are typically conducted under general anesthesia.

Description of Intra-Service Work: Access is obtained percutaneously from two venous sites, (eg, internal jugular, subclavian, femoral vein), and a femoral artery. A sheath is initially placed in the veins and artery to establish secure access. Multiple sheath exchanges are often needed during the procedure to allow for maintaining as small of an introducer as possible for the majority of the procedure and yet facilitate the stenting procedure. Catheter introductions are then performed through these sheaths and manipulated into the necessary positions. Baseline pressures may be recorded and blood sampling may be conducted in each of the right and left heart structures to be used for planning of the intervention. Once baseline hemodynamic data is collected, the diagnostic catheter is removed and an angiographic catheter inserted and used for any additional necessary angiography of chambers or vessels (each separately reported). A wire is placed across the stenotic fenestration, into the atrium, and further directed into either the pulmonary vein, or ventricle to establish a secure position. The short sheath initially placed for the diagnostic portion is then exchanged over the wire for a larger, and longer therapeutic sheath, which is advanced into the atrium. Typically, the fenestration is too small to allow for passing the larger sheath into the atrium and may require performance of initial high-pressure target zone angioplasty with a small diameter angioplasty balloon to do so. Occasionally, the fenestration has completely closed and may require performance of a trans-septal perforation, and is additionally reportable (with use of code +93462). With the long sheath in the Fontan conduit, the angioplasty balloon catheter is advanced over the wire and partially across the fenestration. The balloon is

inflated to stretch the fenestration, then, as iut is deflated, the sheath is advanced over the deflating balloon, which acts as a dilator to allow the sheath to be advanced into the heart. Once the sheath is in position, the appropriate stent is prepped on the back table, mounted on an appropriate sized balloon (when performed), and delivered over the wire, up to the sheath tip. The entire system is then withdrawn partially so that the stent is centered over the fenestration. This procedure requires landing an intra-cardiac stent with precise positioning such that the distal half of the stent is free floating within the atrium, and the proximal half free floating in the Fontan conduit. The sheath is partially pulled back, exposing the distal half of the stent. The balloon is then slowly inflated, flaring the distal half of the stent open inside the atrium. The sheath is then withdrawn further, fully exposing the stent, which allows the proximal half to also be flared open, effectively “dog boning” the stent. The balloon is then further inflated as needed to adjust the central portion diameter to the desired size. The balloon catheter is then removed with great care so as not to dislodge the stent. A guide catheter is inserted and advanced carefully across the stent and used to remove the wire, after which, the catheter within the atrium is used to perform an angiogram and record pressures. The catheter is carefully removed from the heart and a final angiogram performed with an angiographic catheter in the Fontan conduit. Complete right and left heart catheterization is typically repeated following the intervention to establish new baseline measurements and further assess the intervention or if further intervention is needed. Following the completion of the procedure, all catheters and sheaths are removed and compression hemostasis achieved in the catheterization lab, prior to the patient being taken to recovery.

Description of Post-Service Work: Following catheterization, a brief procedure note is documented in the medical record. Once hemostasis of the catheterization site has been ensured, the patient is transported to the intensive care unit and a verbal report given to the accepting team. Medication reconciliation is performed in the EMR and post procedure orders are placed for nursing care. A detailed report is also documented, which includes a diagram of the congenital heart defect and description of the procedure performed. There is at least one physician bedside visit to assess the patient, including the catheterization sites, and discuss the findings with the patient and/or family

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Sergio Bartakian, MD; Ed Toggart, MD; Richard Wright, MD; Edward Tuohy, MD					
Specialty Society(ies):	SCAI, ACC					
CPT Code:	33745					
Sample Size:	831	**Resp N:**	54			
Description of Sample:	random SCAI pediatric/congenital interventional members and random ACC interventional members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	5.00	20.00	
Survey RVW:	8.40	20.00	**24.21**	25.50	45.00	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	40.00	67.00	**92.00**	132.00	270.00	
Immediate Post Service-Time:	**60.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33745	**Recommended Physician Work RVU: 20.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**40.00**	**-15.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**92.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**60.00**	**33.00**	**27.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93580	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	42,804

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	24,454

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 35.1 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 25.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 33745	Top Key Reference CPT Code: 93581	2nd Key Reference CPT Code: **93580**
Median Pre-Service Time	55.00	30.00	30.00
Median Intra-Service Time	92.00	180.00	120.00
Median Immediate Post-service Time	60.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**207.00**	**270.00**	**210.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	11%	47%	42%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	21%	74%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	32%	57%
Physical effort required	11%	37%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	11%	84%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	36%	64%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	7%	93%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	7%	93%
Physical effort required	0%	14%	86%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	7%	93%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The atrial septostomy codes were nominated by SCAI as potentially misvalued in comments on the CY 2019 PFS final rule. These primarily pediatric services are currently carrier-priced which places an undue burden on pediatric interventional cardiologists and their patients' families. After attempting to survey these codes for the January 2019 meeting, the RUC decided it would be better for carrier pricing to be maintained while the codes went to CPT to address shortcomings in the inclusion of imaging guidance. That process also led to recognition of a shortcoming in these codes when a shunt is placed, resulting in 33745.

Transcatheter intracardiac shunt creation by stent implant is a procedure performed predominantly by pediatric interventional cardiologists for infants and children with severe forms of congenital heart disease. It is a service which has been provided regularly for over a decade, however, for which, there has never been an appropriate CPT code for reimbursement. The new code provides treatment for a variety of congenital heart defects ranging from a premature infant with hypoplastic left heart syndrome with a restrictive atrial communication, to an older child/adult with late post-surgical complications of prior repair of congenital heart defects (Fontan, Mustard, Senning, Warden procedures, to name a few).

There is no similarity in the work captured with 33745 and that for 33741. The latter is a replacement of the original 2 atrial septostomy codes (balloon and blade methods). These 2 old codes are now felt to be too similar and could be captured with a single code. The former, is a new code created with the initial thought having been to capture the work performed in premature infants who underwent atrial decompression of hypop465lastic left heart syndrome, with placement of a stent in a very restrictive atrial communication. As the code was developed, the specialty had at least 6 different diagnoses/scenarios for which a stent was placed in various positions within the heart, and broadened the description to capture all of them rather than have 6 different codes of similar work. Nothing described by this new code was in any way captured by the old septostomy codes and therefore last year's survey did not address this work in any way.

The primary issue of increased complexity/stress/risk is surrounding the fact that these are stents implanted inside the beating heart itself and not within a blood vessel as ALL other stent CPT codes are designed for. Unlike those other interventions, any error in the precise placement of the stent in these procedures results in a delivered stent loose within the heart and requiring emergent surgery to retrieve. This, with the understanding, that we often are performing these procedures precisely for the reason of avoiding surgery in a high surgical risk patient.

SCAI and ACC randomly surveyed pediatric and adult structural heart disease interventional cardiologists as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93581 for percutaneous transcatheter closure of a congenital ventricular septal defect with implant. It was selected by 35% of respondents. Most of these respondents indicated 33745 was more intense/complex overall. The second key reference code is 93580 for percutaneous transcatheter closure of congenital interatrial communication with implant. It was selected by 26% of respondents. Most of these respondents also indicated 33745 was more intense/complex overall.

The society reviewers reviewed the pre-service and post-service package times in comparison to the survey pre-service times and post-service times. We are proposing to use preservice package 4 for difficult patients under general anesthesia with time removed to align with the survey. We propose postservice package 9B for difficult patients under general anesthesia with time added/adjusted as follows to reflect work beyond the typical package:

Total Post-Service Time	**9B General Anesthesia or Complex Regional Block/Complex Procedure**	**Rec.**	**Rationale**
Total Post-Service Time	**33**	**60**	
Details:			
Application of Dressing	2	2	
Transfer of supine patient off table	1	3	One minute would be appropriate for elective, outpatient cases post conscious sedation. These procedures are performed on inpatient newborns, post general anesthesia, on a ventilator, and remaining in critical condition.
Operative Note	5	5	
Monitor patient recovery/stabilization	10	5	Patient is transferred urgently to the ICU who assume responsibility for further monitoring care. Some stabilization is performed by proceduralist prior to transfer to inpatient room.
Communication with patient and/or family	5		Communication with a parent is exceedingly difficult as it typically involves communication performed twice, first with the father who accompanied the infant, and a second time, with the mother who

		15	remains in the maternity ward. This latter is often performed in person and requires the physician to walk to the adult tower / women's hospital as the pediatric catheterization labs are never in those areas. Communication is also significantly more time consuming in discussion with parents of a critically ill infant than an elective, non-emergent situation with an adult patient.
Written post-operative note	5	25	The pediatric congenital catheterization report is significantly more complex and lengthier as compared to other postoperative reports as they also include a detailed, anatomically correct, drawing of the heart, description of all catheter and wire manipulations, the intervention, description of any and all angiography. Additionally, for this service, extensively more historical information is added to the report, more diagnostic information as well which must be incorporated into the report. All hemodynamics are also reported on the anatomically correct heart drawing as well as in tabular format in the report body. Numerous angiographic descriptions must also be provided In detail.
Post-Operative Orders and Order Entry	5	5	

The resulting high IWPUT (0.247) that would result from the proposed value was discussed by the ACC and SCAI physician reviewers. Other high IWPUT procedures were reviewed for comparison. Procedure code 58672 (Laparoscopy, surgical; with fimbrioplasty) has an IWPUT of 0.377. Both, septostomy (33745) and fimbrioplasty (58672), are performed primarily in non-Medicare populations. Both procedures are performed in exceedingly small spaces, typically only 1 cm in size. ACC and SCAI reviewers also compared septostomy (33745) to tracheostomy (31605), which has an IWPUT of 0.2768. Both procedures are typically performed under emergent conditions. In essence, septostomy is a "tracheostomy of the heart". For both procedures, the potential outcome is the same, in the absence of a hole successfully being made – the patient will die. However, whereas the operator typically has full visualization of a fairly immobile operative field, the neck area, when performing a tracheostomy, for septostomy the physician must rely on imaging guidance to perform the procedure in the heart, which remains constantly moving. I n reviewing other high IWPUT procedures, based on magnitude estimation, the societies believe the resulting high IWPUT of 0.247 that would result from the proposed value of 24.21 RVUs for 33745 is appropriate and relative.

Therefore, for code 33745 the societies **recommend the survey median percentile work RVU of 24.21 with 25 minutes preservice time, 92 minutes intraservice time from the survey median, and 60 minutes postservice time from package 9B with modification**. We believe these values are appropriate given the intensity of the work necessary for these fragile infant patients.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Rarely

Specialty Interventional Cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is performed roughly half as often as a septostomy.

Specialty Cardiology Frequency 250 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 250 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fewer than 40 92992 services have been performed in FFS each year over the past decade This service is no more frequent than that, estimated to be performed about half as often by our panel.

Specialty Cardiology Frequency 10 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 10 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92992

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33746 Tracking Number P3 Original Specialty Recommended RVU: **10.50**
Presented Recommended RVU: **10.50**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **10.50**

CPT Descriptor: Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)
(Use 33746 in conjunction with 33745)
(Do not report 33745, 33746 in conjunction with 93530, 93531, 93532, 93533)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-day-old boy with hypoplastic left heart syndrome with mitral atresia, restrictive atrial septum, and pulmonary vein stenosis, and a high-risk surgical candidate. He develops worsening cardiac output, renal insufficiency, and progressive cyanosis. He is taken to the cardiac catheterization lab to improve the obligatory left to right shunting with stenting of the atrial septum as well as stent placement to relieve the pulmonary venous obstruction to the left atrium.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Following completion of the initial stent deployment, a diagnostic guide catheter is used along with a soft guidewire, to selectively catheterize the second lesion. Typically, the more distal lesion is addressed first, so as not to risk causing dislodgement of the initial stent with any further catheter manipulation in the vicinity. However, if doing so, causes hemodynamic instability, the more proximal lesion may have to be addressed first, increasing the complexity of the subsequent stent delivery. To avoid significant torque on the catheter, which may cause propping open of one or more of the heart valves, a series of long sheaths and catheters may have to be used to safely access the second lesion. Once a guide catheter is placed into the second lesion, the soft guidewire is exchanged for a stiffer support wire, and the guide diagnostic guide catheter removed. A long sheath, or other appropriate delivery guide catheter is then inserted over the wire, and advanced into position across the second lesion. The second stent is prepped, and advanced over the wire, and into position across the lesion. Angiography is performed through the sheath to ensure proper positioning. Due to the position within a beating heart, this may require numerous fine adjustments and multiple angiograms. The balloon is then inflated, and the stent deployed. The balloon catheter is carefully removed, with extreme caution not to dislodge the stent. A post stent angiogram is performed to evaluate the position and rule out any adverse effects. A guide catheter is reinserted and used to carefully remove the support wire, again, taking care not to dislodge the stent in doing so. A final pressure gradient is typically measured as the remaining guide catheter is then removed from the heart. Following the completion of the procedure, all catheters and sheaths are removed and compression hemostasis achieved in the catheterization lab, prior to the patient being taken to recovery.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020		
Presenter(s):	Sergio Bartakian, MD; Ed Toggart, MD; Richard Wright, MD; Edward Tuohy, MD		
Specialty Society(ies):	SCAI, ACC		
CPT Code:	33746		
Sample Size:	831	**Resp N:**	53
Description of Sample:	random SCAI interventional pediatric/congenital members and random ACC interventional members and		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	4.00	23.00
Survey RVW:	3.50	8.00	**10.50**	20.00	25.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	12.00	37.00	**60.00**	80.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	33746	**Recommended Physician Work RVU: 10.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93592	ZZZ	8.00	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92998	ZZZ	5.99	**RUC Time**

CPT Descriptor Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	10,759

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 43.3 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 24.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 33746	Top Key Reference CPT Code: 93592	2nd Key Reference CPT Code: **92998**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	60.00	58.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**60.00**	**58.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	22%	48%	26%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	52%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	9%	48%	43%
Physical effort required	0%	65%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	87%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	23%	46%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	23%	77%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	15%	84%
Physical effort required	0%	46%	56%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	15%	85%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The atrial septostomy codes were nominated by SCAI as potentially misvalued in comments on the CY 2019 PFS final rule. These primarily pediatric services are currently carrier-priced which places an undue burden on pediatric interventional cardiologists and their patients' families. After attempting to survey these codes for the January 2019 meeting, the RUC decided it would be better for carrier pricing to be maintained while the codes went to CPT to address shortcomings in the

inclusion of imaging guidance. That process also led to recognition of a shortcoming in these codes when a shunt is placed, resulting in 33746.

Transcatheter intracardiac shunt creation by stent implant is a procedure performed predominantly by pediatric interventional cardiologists for infants and children with severe forms of congenital heart disease. It is a service which has been provided regularly for over a decade, however, for which, there has never been an appropriate CPT code for reimbursement. The new code provides treatment for a variety of congenital heart defects ranging from a premature infant with hypoplastic left heart syndrome with a restrictive atrial communication, to an older child/adult with late post-surgical complications of prior repair of congenital heart defects (Fontan, Mustard, Senning, Warden procedures, to name a few).

There is no similarity in the work captured with 33745 and that for 33741. The latter is a replacement of the original 2 atrial septostomy codes (balloon and blade methods). These 2 old codes are now felt to be too similar and could be captured with a single code. The former, is a new code created with the initial thought having been to capture the work performed in premature infants who underwent atrial decompression of hypoplastic left heart syndrome, with placement of a stent in a very restrictive atrial communication. As the code was developed, the specialty had at least 6 different diagnoses/scenarios for which a stent was placed in various positions within the heart, and broadened the description to capture all of them rather than have 6 different codes of similar work. Nothing described by this new code was in any way captured by the old septostomy codes and therefore last year's survey did not address this work in any way. This code is an add on code to be used with 33745.

SCAI and ACC randomly surveyed pediatric and adult structural heart disease interventional cardiologists as designated by membership rolls. The survey was completed by physicians who have experience with the service.

The key reference code is 93592 for percutaneous transcatheter closure of paravalvular leak. It was selected by 43% of respondents. Most of these respondents indicated 33746 was more intense/complex overall. The second key reference code is 92998 for percutaneous transluminal pulmonary artery balloon angioplasty. It was selected by 25% of respondents. Most of these respondents also indicated 33746 was more intense/complex overall.

Therefore, for code 33746 the societies **recommend the median work RVU of 10.50 with 0 minutes preservice time, 60 minutes intraservice time from the survey median and 0 minutes postservice time**. By magnitude estimation, this value is supported by first KRS, 93592.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Rarely

Specialty Interventional Cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is extremely rare. It would be expected to be performed roughly 20% of the time after 93242.

Specialty Cardiology Frequency 50 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 50 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This procedure is extremely rare. It would be expected to be performed roughly 20% of the time after 93242.

Specialty Cardiology Frequency 2 Percentage 50.00 %

Specialty Interventional Cardiology Frequency 2 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92992

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Atrial Septostomy

TAB: 13

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93580	000	Percutaneous transcatheter clos	24	0.133			17.97			210	30					120			60					
2nd REF	92920	000	Percutaneous transluminal coro	7	0.126			9.85			127	23	1	5			68			30					
CURRENT	92992	000	Atrial septectomy or septostomy					na				na	na	na			na			na					
SVY	33741	000	Transcatheter atrial septostomy	56	0.274	3.50	10.99	17.00	19.93	30.00	150	20	15	15	15	36	55	60	180	45	0	2	5	7	20
REC	33741	000	Transcatheter atrial septostomy		0.220			14.00			150	20	15	15			55			45					
XWALK	33340	000	Percutaneous transcatheter clos		0.136			14.00			183	40	3	20			90			30					
MPC	36905	000	Percutaneous transluminal mech		0.106			9.00			126	22	4	5			75			20					
MPC	52352	000	Cystourethroscopy, with uretero		0.118			6.75			118	33	5	15			45			20					

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93581	000	Percutaneous transcatheter clos	19	0.124			24.39			270	30					180			60					
2nd REF	93580	000	Percutaneous transcatheter clos	14	0.133			17.97			210	30					120			60					
CURRENT	93799	000	Unlisted cardiovascular service					na				na	na	na			na			na					
SVY	33745	000	Transcatheter intracardiac shunt	54	0.237	8.40	20.00	24.21	25.50	45.00	207	25	15	15	40	67	92	132	270	60	0	1	2	5	20
REC	33745	000	Transcatheter intracardiac shunt		0.192			20.00			207	25	15	15			92			60					
MPC	36905	000	Percutaneous transluminal mech		0.106			9.00			126	22	4	5			75			20					
MPC	52352	000	Cystourethroscopy, with uretero		0.118			6.75			118	33	5	15			45			20					

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93592	ZZZ	Percutaneous transcatheter clos	23	0.133			8.00			60						60								
2nd REF	92998	ZZZ	Percutaneous transluminal pulm	13	0.103			5.99			58						58								
CURRENT	93799	000	Unlisted cardiovascular service					na				na	na	na			na			na					
SVY	33746	ZZZ	Each additional intracardiac shu	53	0.175	3.50	8.00	10.50	20.00	25.50	60	0	0	0	12	37	60	80	200	0	0	0	1	4	23
REC	33746	ZZZ	Each additional intracardiac shu		0.175			10.50			60						60								
MPC	34812	ZZZ	Open femoral artery exposure fo		0.103			4.13			40						40								

December 17, 2019

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 13 Atrial Septostomy

Dear Dr. Manaker:

Tab 13 on the January 2020 RUC agenda addresses the replacement of two codes describing atrial septostomy with three new CPT codes describing the bundled services for transcatheter atrial septostomy and transcatheter intracardiac shunt creation by stent placement. These two 33741, 33745 and one 33746 global procedures are provided exclusively in the facility setting. As such, we recommend no direct practice expense inputs for Tab 13.

Thank you for your consideration of this information as you prepare for the meeting. Please contact Claudia Vasquez at cvasquez@acc.org if you have any questions.

Sincerely,

Richard Wright, MD
ACC RUC Advisor

Edward Toggart, MD
SCAI RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Computer-Aided Mapping of Cervix Uteri – Tab 14

In September 2019, the CPT Editorial Panel approved the addition of a code to report computer-aided mapping of cervix uteri during colposcopy.

57465 ***Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 47 gynecologists/obstetricians and determined that the survey median work RVU of 0.81 accurately reflects the typical physician work necessary for this service. The RUC recommends 15 minutes of intra-service time. During the procedure, the computer-aided spectral imaging system dynamically captures images of the cervix to record the intensity and spatial distribution of acetowhitening as it changes over time. The physician is continuously monitoring and evaluating changes and any morphological features, under full view and magnification with filters, and records his/her impression of the cervix. The physician reviews the areas that appear abnormal based on standard criteria in combination with the color map and points out these areas to the patient.

The RUC initially compared the survey code to both top key reference codes 58110 *Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)* (work RVU= 0.77 and intra-service time of 12 minutes) and 76802 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU= 0.83 and intra-service time of 10 minutes) and noted that the survey code requires more physician time and work than both key reference services and thus valued appropriately. Most survey respondents also rated the survey code identical or somewhat more intense/complex than both key reference services. The RUC also compared the survey code to CPT code 95984 *Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)* (work RVU= 0.80 and intra-service time of 15 minutes) and noted that both codes have identical intra-service time and should be valued similarly. Additionally, the RUC compared the survey code to CPT code 76979 *Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)* (work RVU= 0.85 and intra-service time of 15 minutes) and noted that both codes have identical intra-service time. The survey code is appropriately bracketed relative to the physician work of reference codes 95984 and 76979.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

To further support a work RVU of 0.81 for the survey code, the RUC compared code 57465 to MPC comparison code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU= 0.80 and intra-service time of 15 minutes)**. The RUC recommends a work RVU of 0.81 for CPT code 57465.**

New Technology/New Services
The RUC recommends that CPT code 57465 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery				
Female Genital System				
Vagina				
Endoscopy/Laparoscopy				
57420		*Colposcopy of the entire vagina, with cervix if present;*		
57421		*with biopsy(s) of vagina/cervix*		
		(For colposcopic visualization of cervix and adjacent upper vagina, use 57452)		
		(When reporting colposcopies of multiple sites, use modifier 51 as appropriate. For colposcopic examinations/procedures involving the vulva, see 56820, 56821; cervix, see 57452-57461)		
		(For endometrial sampling [biopsy] performed in conjunction with colposcopy, use 58110)		
		(For computer-aided mapping of cervix uteri during colposcopy, use 57465)		
Cervix Uteri				
Endoscopy				
57452		*Colposcopy of the cervix including upper/adjacent vagina*;		
		(Do not report 57452 in addition to 57454-57461)		

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

57454		*with biopsy(s) of the cervix and endocervical curettage*		
57455		*with biopsy(s) of the cervix*		
57456		*with endocervical curettage*		
57460		*with loop electrode biopsy(s) of the cervix*		
57461		*with loop electrode conization of the cervix*		
	(Do not report 57461 in addition to 57456)			
	(For endometrial sampling [biopsy] performed in conjunction with colposcopy, use 58110)			
	(For computer-aided mapping of cervix uteri during colposcopy, use 57465)			
+•57465	Q1	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) (Use 57465 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)	ZZZ	0.81

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:57465 Tracking Number Q1 Original Specialty Recommended RVU: **0.81**
Presented Recommended RVU: **0.81**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.81**

CPT Descriptor: Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) (Use 57465 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-year-old female has an abnormal Papanicolaou smear with a high-risk human papillomavirus (HPV) positive test and requires colposcopy (separately reported). Dynamic spectral imaging for mapping of the cervix is used to identify abnormal areas for localizing biopsy sites.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
The physician performs a routine colposcopy (separately reported procedure) which includes observation of the cervical color and various morphological characteristics, and a baseline image of the cervix is captured. The computer aided spectral imaging system dynamically captures images of the cervix to record the intensity and spatial distribution of acetowhitening as it changes over time. The physician is continuously monitoring and evaluating changes and any morphological features, under full view and magnification with filters, and records his/her impression of the cervix.

The color-coded map is then displayed over the cervix and the physician reviews the areas that appear abnormal based on standard criteria in combination with the color map. Areas that are red, yellow or white on the map's color scale (ranging from cyan, blue, green, red, yellow and white) indicate significant acetowhitening and are more closely associated with high-grade lesions. These areas are checked against direct visualization and the physician uses the acetowhitening video playback and dynamic curve chart for concurrence. Areas on the color map that are confirmed by observation and video playback are annotated with circular marks to document and guide where biopsies will be taken. The Physician points out these areas to the patient. A report is written.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Jon Hathaway, MD, PhD and Mitch Schuster, MD, MBA					
Specialty Society(ies):	ACOG					
CPT Code:	57465					
Sample Size:	30694	**Resp N:**	47			
Description of Sample:	Random sample of ACOG practicing/US MD/DO members					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**0.00**	10.00	150.00
Survey RVW:		0.29	0.76	**0.81**	0.99	1.95
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	8.00	**15.00**	20.00	30.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	57465	**Recommended Physician Work RVU: 0.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58110	ZZZ	0.77	**RUC Time**

CPT Descriptor Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76802	ZZZ	0.83	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	117,137

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	19,578

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 40.4 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 57465	Top Key Reference CPT Code: 58110	2nd Key Reference CPT Code: **76802**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	12.00	10.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**12.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	29%	57%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	38%	52%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	33%	57%
Physical effort required	10%	52%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	57%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	63%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	50%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	63%	25%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	38%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) We believe an unlisted code may have been used to report this service. However, that was not included on the CCA.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gynecology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 40000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The CCA estimated this procedure was performed 40,000 times in the U.S. 2017. Source: User data in DYSIS Medical Customer Relationship Management (CRM) System

Specialty Obstetrician/Gynecologists Frequency 35000 Percentage 87.50 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. A national Medicare number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 58110

SS Rec Summary

ISSUE: Computer-Aided Mapping of Cervix Uteri

TAB: 14

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX	TYP
1st REF	58110	ZZZ	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in	19	0.064			0.77			12						12									
2nd REF	76802	ZZZ	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first	7	0.083			0.83			10						10									
CURRENT					#DIV/0!						0															
SVY	57465	ZZZ	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic	47	0.054	0.29	0.76	0.81	0.99	1.95	15				2	8	15	20	30		0	0	0	10	150	79%
SVY	*SPR*	*=0*		*28*	*0.073*	*0.29*	*0.70*	*0.80*	*0.87*	*1.70*	*11*				*2*	*7*	*11*	*16*	*30*		*0*	*0*	*0*	*0*	*0*	*71%*
SVY	*SPR*	*>0*		*19*	*0.054*	*0.40*	*0.80*	*0.91*	*1.21*	*1.95*	*17*				*8*	*13*	*17*	*21*	*30*		*2*	*10*	*15*	*35*	*150*	*89%*
REC	57465	ZZZ	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic		0.054			0.81			15						15									

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):** 57465
SPECIALTY SOCIETY(IES): ACOG
PRESENTER(S): Jon Hathaway, MD, PhD, Mitch Schuster, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) (Use 57465 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
57465	A 38-year-old female has an abnormal Papanicolaou smear with a high-risk human papillomavirus (HPV) positive test and requires colposcopy (separately reported). Dynamic spectral imaging for mapping of the cervix is used to identify abnormal areas for localizing biopsy sites.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty society convened a consensus panel with experts who are familiar with the procedure and the RUC/PE process.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   The specialty societies selected CPT Code 58110 as the PE reference code. (CPT Code 58110 is also the key reference code for the physician work recommendations.) The direct practice expense inputs for the reference code are included on the spreadsheet.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   This is a new service. We do not believe it is reported with an E/M.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   This is a new service. We believe gynecology will be dominant in the NF setting.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

9. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Assist physician performing procedure – 100%

    c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Assist physician performing procedure – 100%

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

14. ☐ X Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ X Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

An invoice has been included for a new supply item "computer aided spectral imaging system (colposcopy) Disposable Speculum". The per unit cost is $5.80. The invoice included the unit cost of $145 for a box of 25.

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

An invoice has been included for a new equipment item "computer aided spectral imaging system (colposcopy)".

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EQ168	light, exam	"Other Formula"	Add-On Code, included just CA018 in formula
EF031	table, power	"Other Formula"	Add-On Code, included just CA018 in formula
NEW	computer aided spectral imaging system (colposcopy)	"Other Formula"	Add-On Code, included just CA018 formula

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**58110**		**57465**	
3		***RUC Collaboration Website***				*Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)*		*Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the*	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 14 Computer-Aided Mapping of Cervix Uteri Specialty: Gynecology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 9.61**	**$ -**	**$ 13.15**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12**	**0**	**15**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12**	**0**	**15**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 4.44**	**$ -**	**$ 5.55**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37				
23			L037D	RN/LPN/MTA	0.37				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records	L037D	RN/LPN/MTA	0.37				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.37				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
42			L037D	RN/LPN/MTA	0.37				
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37	12		15	
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
52	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.37				
55			L037D	RN/LPN/MTA	0.37				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37				
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
68	CA030	Technologist QC's images in PACS, checking for all images,	L037D	RN/LPN/MTA	0.37				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37				
71	CA033	Perform regulatory mandated quality assurance activity (service	L037D	RN/LPN/MTA	0.37				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.37				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.37				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.37				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 9.61**	**$ -**	**$ 13.15**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12**	**0**	**15**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**12**	**0**	**15**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.94**	**$ -**	**$ 5.80**	**$ -**
102	SD039	curette, suction, endometrial (Pipelle)	4.9355	item		1			
103	NEW	computer aided spectral imaging system (colposcopy) Disposable Speculum	5.8	item				1	
104									
105									
106									
107									
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.24**	**$ -**	**$ 1.80**	**$ -**
112	EQ168	light, exam	1431.5035	Other Formula	0.003798819	12		15	
113	EF031	table, power	6030.195	Other Formula	0.016002488	12		15	
114	NEW	computer aided spectral imaging system (colposcopy)	32000	Other Formula	0.100502707			15	
115									
116									
117									
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Dilation of Eustachian Tube – Tab 15

In September 2019, the CPT Editorial Panel created two new codes to describe the dilation of the eustachian tube via surgical nasopharyngoscopy, unilateral and bilateral.

69705 ***Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral***
The RUC reviewed the survey results from 192 otolaryngologists and determined that the survey median work RVU of 3.00 appropriately accounts for the work required to perform this procedure. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes positioning time, 10 minutes scrub, dress, wait time, 20 minutes intra-service time and 15 minutes immediate post-service time. This service utilizes a rigid endoscope to guide a balloon dilation system through the nose, put the balloon into the eustachian tube orifice, inflate the balloon and dilate the eustachian tube. This service is typically not going to be performed with other services. This eustachian tube procedure is distinct and not typically associated with other procedures either balloon or non-balloon. The specialty society confirmed the pre-service evaluation time requires 30 minutes, which includes many tasks such as meeting with patients and family to describe and discuss in detail the planned procedure, reviewing and updating the medical history, performing a current physical exam, reconciling medications and allergies, addressing nothing by mouth (NPO) status and timing, discussing the patient's expected convalescence and educating the patient and caregivers regarding the signs and symptoms of the most common complications, reviewing and obtaining informed consent, providing a detailed description of the postoperative changes in eustachian tube function and the expected dynamic changes in nasal and eustachian tube function changes as the wound matures, verifying the availability of all required instruments and supplies, ensuring that the endoscopes, suction, source for insufflation, and video recording equipment are available and functioning properly and reviewing radiographic images. The pre-service positioning decreased to 3 minutes in accordance with the package and other similar services. The 10 minutes of scrub, dress and wait time includes spraying topical anesthesia and decongestant first and waiting for that to take effect, then allowing the physician to put pledgets with topical anesthesia and decongestant in the nose to sit and take effect as well. The physician will then start the procedure using the endoscope to remove the initial pledgets and place more pledgets further in the posterior nasal cavity and nasopharynx which was inaccessible at first because the physician had to decongest the anterior part of the nasal cavity. The physician will also inject anesthesia in the middle turbinate all for decongestant and to eliminate bleeding.

The RUC compared CPT code 69705 to the top key reference service 31297 *Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium* (work RVU = 2.44, 20 minutes intra-service time and 56 minutes total time) and noted that 69705 requires more physician work and total time. The survey respondents also noted that 69705 is somewhat more intense than 31297. The specialty society indicated that the sphenoid sinus is located straight on, the physician uses one zero-degree rigid endoscope. However, with 69705, the physician starts with a zero-degree rigid endoscope and then switches to a 30-degree rigid endoscope. Manipulation of the hands is more complicated because what the physician is seeing is not straight ahead. Regarding dilation, when the physician dilates a sphenoid sinus, he/she places the balloon in the sphenoid

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ostium and the physician can see the edge of the proximal part of the balloon. However, in the eustachian tube, the physician cannot visually see the dilation, the balloon opening, thus 69705 appropriately has a higher RVU then 31297. The number of dilations vary for both procedures, the eustachian tube is typically 2 dilations and the sphenoid are 1-2 dilations, but it varies.

The RUC compared code 69705 to the second top key reference service 31296 *Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium* (work RVU = 3.10, 25 minutes intra-service time and 61 minutes total time), which requires 5 more minutes of intra-service time but less total time. However, the survey respondents noted that 69705 is identical or somewhat more intense than CPT code 31296. For CPT code 69705, the area of the eustachian tube orifice opens into the nasopharynx which is only 4mm away from the carotid artery. The physician must always be cognizant of the proximity to the carotid artery, which reinforces the intensity of this procedure. The RUC also noted that codes 31296 and 31297 are office-based procedures that require less tasks to complete. CPT code 69705, performed in the hospital setting, will require a variety of additional pre-service tasks such as nothing by mouth (NPO) status and timing, updating current physician exam, etc. The RUC notes that 69705 maintains the relativity of physician work, time and intensity to the recently valued nasal sinus endoscopy with balloon dilation codes 31296-31298.

The RUC compared 69705 to similar service 30140 *Submucous resection inferior turbinate, partial or complete, any method* (work RVU = 3.00, 20 minutes intra-service time and 78 minutes total time), which requires the same physician work and exact same time elements, thus supporting the relativity of this service. Lastly, the RUC referenced MPC code 31500 *Intubation, endotracheal, emergency procedure* (work RVU = 3.00 and 10 minutes intra-service time and 32 minutes total time), which requires the same amount of physician work as 69705, but much less total time and is a much more intense procedure. **The RUC recommends a work RVU of 3.00 for CPT code 69705.**

69706 ***Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral***
The RUC reviewed the survey results from 192 otolaryngologists and determined that the survey median work RVU of 4.27 appropriately accounts for the work required to perform this procedure. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes positioning time, 10 minutes scrub, dress, wait time, 30 minutes intra-service time and 15 minutes immediate post-service time. The RUC agreed with the pre-service time and activities as discussed in code 69705. The specialty societies clarified that the pre-service time is replicated from 69705 because the physician is completely removing the scope and inserting it into the other nostril. The RUC noted that the survey respondents may have underestimated the intra-service time for this bilateral service compared to the unilateral code, they indicated 20 minutes intra-service time for 69705 but only 10 additional minutes when performed bilaterally in code 69706. The RUC noted that if this service was described by one code but performed bilaterally and reported with the bilateral procedure modifier-50, the work RVUs would be 4.50. However, due to practice expense issues to ensure the correct inputs for the balloon were captured, two codes were created.

The RUC compared 69706 to key reference service 31298 *Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia* (work RVU = 4.50, 40 minutes intra-service time and 76 minutes total time) and determined that 31298 requires slightly more physician intra-service time, but both require the same total time. Additionally, 69706 is more intense to perform because the physician must always be cognizant of the proximity to the carotid artery only 4mm away and the manipulation of the scopes to access the eustachian tube is also much more intense than that of the straight on access to the frontal and sphenoid sinuses.

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The RUC referenced similar service 31254 *Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)* (work RVU = 4.27, 30 minutes intra-service time and 83 minutes total time), which requires similar time and the same physician work. For additional support, the RUC referenced code 43243 *Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* (work RVU = 4.27, 30 minutes intra-service time and 81 minutes total time). **The RUC recommends a work RVU of 4.27 for CPT code 69706.**

RUC Database Flag
The Committee recommends that the RUC flag CPT code 69706 as "do not use to validate work" since the survey respondents may have underestimated the intra-service time.

Practice Expense
The PE Subcommittee recommends two new supply items, the *kit, eustachian tube procedure* and *eustachian tube balloon*. The specialty societies confirmed that one eustachian balloon and one kit, which includes an insufflator, is used for both the unilateral and bilateral procedure, codes 69705 and 69706, a second separate eustachian balloon is not used for the bilateral procedure. The PE Subcommittee modified the clinical staff time to increase to reflect the standard inputs. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology/New Service
The RUC recommends that CPT codes 69705 and 69706 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Auditory System **Middle Ear** **Other Procedures**				
●69705	R1	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	000	3.00
●69706	R2	bilateral (Do not report 69705, 69706 in conjunction with 31231, 92511)	000	4.27
Special Otorhinolaryngologic Services *92511* *Nasopharyngoscopy with endoscope (separate procedure)* *(Do not report 92511 in conjunction with 31575, 43197, 43198)* (For nasopharyngoscopy, surgical, with dilation of eustachian tube, see 69705, 69706)				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:69705 Tracking Number Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.00**

CPT Descriptor: Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female with adult life-long history of difficulty equalizing her left ear with altitude changes develops a left middle ear effusion after a flight. Despite medical management over three months, her left middle ear effusion persists with a type B tympanogram and conductive hearing loss. She is scheduled for surgical nasopharyngoscopy with left eustachian tube dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Meet with patients and family to describe and discuss in detail the planned procedure. Review and update the medical history. Perform a current physical exam. Reconcile medications and allergies. Address NPO status and timing. Discuss the patient's expected convalescence and educate the patient and caregivers regarding the signs and symptoms of the most common complications. Review and obtain informed consent. There is confirmation of proposed site of surgery, and a detailed description is given of the postoperative changes in eustachian tube function and the expected dynamic changes in nasal and eustachian tube function changes as the wound matures. The availability of all required instruments and supplies is verified, and the physician ensures that the endoscopes, suction, source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. A timeout is performed with entire surgical team, including confirmation of the procedure, locations, allergies, antibiotic prophylaxis, anesthesia and fire risks, expected duration, and any concerns related to the procedure. Following induction of anesthesia, the patient is positioned. The physician washes hands and dons proper gloves, gown, and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are placed in the nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the nasopharynx followed by a wait time for them to take effect. Pledgets are removed, and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate followed by a wait time for this to take effect. The guide catheter is held by the proximal hub and under endoscopic visualization, the guide catheter is inserted through the nose on the side to be treated and near the orifice of the eustachian tube. It is then rotated and stabilized so that the tip angle is aligned with the trajectory of the eustachian tube. The balloon catheter is advanced through the guide into the eustachian tube. The balloon is inflated to the desired pressure while monitoring the diameter, shape, and position of the balloon under endoscopic visualization while monitoring for any signs of bleeding from the internal carotid artery. Additional inflation is performed, followed by balloon deflation, retraction into the guide catheter, and removal along with the entire system.

Description of Post-Service Work: The patient’s nose and face are cleaned. The patient is monitored during awakening from anesthesia.. The examination and any still images are saved on the digital recording system. The procedure note is

dictated, and findings communicated to the referring physician. Discharge medications are reconciled. The prescription drug monitoring database is reviewed. Postoperative orders, medications and instructions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications, and review of the written postoperative instructions. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	R. Peter Manes, MD; Lance Manning, MD					
Specialty Society(ies):	AAO-HNS					
CPT Code:	69705					
Sample Size:	4130	**Resp N:**	192			
Description of Sample:	Targeted Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**3.00**	6.00	100.00	
Survey RVW:	1.00	2.50	**3.00**	3.88	40.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	4.00	15.00	**20.00**	30.00	92.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	69705	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31297	000	2.44	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.10	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	3.00	**RUC Time**	269,109

CPT Descriptor 1 Intubation, endotracheal, emergency procedure

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31600	000	5.56	**RUC Time**	25,279

CPT Descriptor 2 Tracheostomy, planned (separate procedure);

Other Reference CPT Code	Global	Work RVU	Time Source
43195	000	3.07	**RUC Time**

CPT Descriptor Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 56 **% of respondents:** 29.1 **%**

Number of respondents who choose 2nd Key Reference Code: 55 **% of respondents:** 28.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 69705	Top Key Reference CPT Code: 31297	2nd Key Reference CPT Code: **31296**
Median Pre-Service Time	43.00	21.00	21.00
Median Intra-Service Time	20.00	20.00	25.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**78.00**	**56.00**	**61.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	59%	27%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	64%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	64%	22%
Physical effort required	0%	89%	11%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and	23%	55%	22%

judgment of physician • Estimated risk of malpractice suit with poor outcome					
2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	47%	47%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	49%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	9%	60%	31%
Physical effort required	3%	74%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	44%	45%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

In October 2019, the Academy brought forward a Code Change Application requesting the creation of two new codes to report unilateral and bilateral dilation of the eustachian tube via surgical nasopharyngoscopy. The Panel accepted with modifications on-site Option B of this request to establish codes 69705 and 69706 which will be published in the 2021 edition of the CPT Book. Previously, these procedures were reported using an unlisted code, CPT 69799.

Survey Sample and Process:

A survey request was sent to a random selection of members from the American Academy of Otolaryngology – Head and Neck Surgery who self-designated as one or more of the following sub-specialties: General Otolaryngology, Rhinology or Otology.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **3.00 and 20 minutes of intra service time**, based on our survey's 50th percentile.

Time package selection: We have selected pre-time package 3 and post-time package 9A due to this procedure currently being done predominantly in the hospital outpatient setting. This represents a straightforward patient/difficult procedure because this is typically done under general anesthesia. Additionally, this is a much more invasive procedure than its comparator KRS codes which have office-based packages. We anticipate over time this may shift to primarily office-based, and will be captured by the appropriate RAW screen(s) as that transition occurs and requires revaluation.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

Evaluation Time – We are recommending 30 minutes of evaluation time which is a decrease of 3 minutes from the pre-service package time based on our survey median.

Positioning Time – We are recommending 3 minutes of positioning time which is a decrease of 7 minutes from the median survey time, but consistent with the pre-service package time for this activity.

Scrub, Dress, Wait Time – We are recommending 10 minutes of scrub, dress and wait time which is a decrease of 5 minutes from the selected pre-service package time, based on our survey median.

This results in a total recommended pre time of 43 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

Recommended time has been reduced to 15 minutes which is a decrease of 15 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 15 minutes, taking the lesser of surveyed time or the pre-service package time.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Intra Time	Total Time	IWPUT	Most Recent RUC Review
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	000	2.44	20	56	0.0853	2017-01
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	000	2.61	20	73	0.0783	2017-01
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	000	2.7	20	56	0.0983	2017-01
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	000	2.89	30	63	0.0741	2012-10
31500	Intubation, endotracheal, emergency procedure	000	3	10	32	0.2522	2016-01
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	000	3.07	30	94	0.0593	2012-10
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	000	3.1	25	61	0.0946	2017-01
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	000	3.31	33	102	0.0578	2012-10
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	000	3.5	30	86	0.081	2017-01
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	000	4.1	40	96	0.0758	2017-01
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	000	4.27	30	83	0.1075	2017-01
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	000	4.5	40	76	0.0941	2017-01

Intensity of Work

Review of IWPUT demonstrated that 679XX is similar to both our KRS Codes and MPC codes with a wRVU at the 50th percentile. In fact, this procedure occurs right next to corotid artery which presents a high risk of perforation which could cause the patient to bleed out.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 69799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 23067
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the Medicare estimated frequency oulinted via the methodology below.

Specialty Otolaryngology Frequency 23067 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,689
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. An analysis was performed to determine the prevalence of this disease specific to this procedure and in adherence to the on label indications of the technologies described by the proposed new code.

Methodology: The current primary treatment option for patients with chronic eustachian tube dysfunction and/or chronic otitis media that is unresponsive to medical therapy is tympanostomy with pressure equalization tube placement. According to Claims Data the RUC Database, CPT 69433 (Tympanostomy requiring insertion of ventilating tube, local or topical anesthesia) was reported 48,586 times in 2018, and CPT 69436 (Tympanostomy requiring insertion of ventilating tube, general anesthesia) was reported 15,378 times in 2018. If we assume that the patients requiring general anesthesia had more severe disease, complicated anatomy, or other complicating patient factors, then this likely represents the same patients that would be considered for CPT 69705, Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation). Even if all of these patients underwent CPT 69705 instead of pressure equalization tube placement, then the approximate number of cases of the new for this procedure would equal 15,378. Given that this can be done unilaterally or bilaterally, we expect the total volume of the procedure to be equally divided between the new unilateral code XX and the bilateral code X1. While not all of these 15,378 patients will choose to undergo this procedure or would be candiates for it, this number of 15,378 is still a reasonable estimate; given that some of the patients that underwent CPT 69433 under local anesthesia may instead be candidates for CPT 69705 or X1 and also choose to undergo this surgical balloon dilation of eustachian tube (which is typically performed under general anesthesia).

Specialty Otolaryngology Frequency 7689 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31297

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:69706 Tracking Number Original Specialty Recommended RVU: **4.27**
Presented Recommended RVU: **4.27**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **4.27**

CPT Descriptor: Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old male with adult life-long history of difficulty equalizing his ears with flights develops an upper respiratory infection and subsequent middle ear effusion bilaterally. Despite medical management over three months, his middle ear effusions persist with type B tympanograms, and conductive hearing loss. He is scheduled for surgical nasopharyngoscopy with bilateral eustachian tube dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Meet with patients and family to describe and discuss in detail the planned procedure. Review and update the medical history. Perform a current physical exam. Reconcile medications and allergies. Address NPO status and timing. Discuss the patient's expected convalescence and educate the patient and caregivers regarding the signs and symptoms of the most common complications. Review and obtain informed consent. There is confirmation of proposed site of surgery, and a detailed description is given of the postoperative changes in eustachian tube function and the expected dynamic changes in nasal and eustachian tube function changes as the wound matures. The availability of all required instruments and supplies is verified, and the physician ensures that the endoscopes, suction, source for insufflation, and video recording equipment are available and functioning properly. Radiographic images are reviewed. A timeout is performed with entire surgical team, including confirmation of the procedure, locations, allergies, antibiotic prophylaxis, anesthesia and fire risks, expected duration, and any concerns related to the procedure. Following induction of anesthesia, the patient is positioned. The physician washes hands and dons proper gloves, gown, and personal protective equipment. The patient is draped. Topical decongestant and anesthetic sprays are applied to the nostrils followed by a wait time for them to take effect. Pledgets soaked in decongestant and anesthesia are placed in each nasal cavity followed by a wait time for them to take effect.

Description of Intra-Service Work: Previously placed pledgets are removed. Under endoscopic visualization, pledgets soaked in decongestant and anesthesia are placed in the nasopharynx followed by a wait time for them to take effect. Pledgets are removed, and an intranasal anesthetic/vasoconstrictive agent is injected into the middle turbinate followed by a wait time for this to take effect. The guide catheter is held by the proximal hub and under endoscopic visualization, the guide catheter is inserted through the nose on the side to be treated and near the orifice of the eustachian tube. It is then rotated and stabilized so that the tip angle is aligned with the trajectory of the eustachian tube. The balloon catheter is advanced through the guide into the eustachian tube. The balloon is inflated to the desired pressure while monitoring the diameter, shape, and position of the balloon under endoscopic visualization while monitoring for any signs of bleeding from the internal carotid artery. Additional inflation is performed, followed by balloon deflation, retraction into the guide catheter, and removal along with the entire system. The entire procedure is then repeated on the contralateral side.

Description of Post-Service Work: The patient’s nose and face are cleaned. The patient is monitored during awakening from anesthesia. The examination and any still images are saved on the digital recording system. The procedure note is

dictated, and findings communicated to the referring physician. Discharge medications are reconciled. The prescription drug monitoring database is reviewed. Postoperative orders, medications and instructions are written. There is a discussion with the family and patient regarding the procedure and findings. There is reiteration of the convalescence, precautions, follow up appointments, expected postoperative course, signs and symptoms of complications, and review of the written postoperative instructions. Instructions, appropriate discharge timing, follow up, and precautions are discussed with the postoperative nursing team.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	R. Peter Manes, MD; Lance Manning, MD					
Specialty Society(ies):	AAO-HNS					
CPT Code:	69706					
Sample Size:	4130	**Resp N:**	192			
Description of Sample:	Targeted Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**4.00**	10.00	100.00	
Survey RVW:	1.00	3.23	**4.27**	5.00	40.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	8.00	20.00	**30.00**	40.00	115.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	69706	**Recommended Physician Work RVU: 4.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**30.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31298	000	4.50	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.10	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31500	000	3.00	**RUC Time**	269,109

CPT Descriptor 1 Intubation, endotracheal, emergency procedure

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31600	000	5.56	**RUC Time**	25,279

CPT Descriptor 2 Tracheostomy, planned (separate procedure);

Other Reference CPT Code	Global	Work RVU	Time Source
43195	000	3.07	**RUC Time**

CPT Descriptor Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 61 **% of respondents:** 31.7 **%**

Number of respondents who choose 2nd Key Reference Code: 55 **% of respondents:** 28.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 69706	Top Key Reference CPT Code: 31298	2nd Key Reference CPT Code: **31296**
Median Pre-Service Time	43.00	21.00	21.00
Median Intra-Service Time	30.00	40.00	25.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**88.00**	**76.00**	**61.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	54%	33%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	58%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	71%	18%
Physical effort required	7%	75%	18%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and	18%	47%	35%

judgment of physician • Estimated risk of malpractice suit with poor outcome	

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	38%	54%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	38%	54%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	42%	44%
Physical effort required	3%	64%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	42%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

In October 2019, the Academy brought forward a Code Change Application requesting the creation of two new codes to report unilateral and bilateral dilation of the eustachian tube via surgical nasopharyngoscopy. The Panel accepted with modifications on-site Option B of this request to establish codes 69705 and 69706 which will be published in the 2021 edition of the CPT Book. Previously, these procedures were reported using an unlisted code, CPT 69799.

Survey Sample and Process:

A survey request was sent to a random selection of members from the American Academy of Otolaryngology – Head and Neck Surgery who self-designated as one or more of the following sub-specialties: General Otolaryngology, Rhinology or Otology.

Recommendation (Work and Intra Time):

We are recommending a work RVU of **4.27 and 30 minutes of intra service time**, based on our survey's 50th percentile.

Time package selection: We have selected pre-time package 3 and post-time package 9A due to this procedure currently being done predominantly in the hospital outpatient setting. This represents a straightforward patient/difficult procedure because this is typically done under general anesthesia. Additionally, this is a much more invasive procedure than its comparator KRS codes which have office-based packages. We anticipate over time this may shift to primarily office-based, and will be captured by the appropriate RAW screen(s) as that transition occurs and requires revaluation.

Pre-time Package 3-FAC (Straightforward Patient/Difficult Procedure)

Evaluation Time – We are recommending 30 minutes of evaluation time which is a decrease of 3 minutes from the pre-service package time based on our survey median.

Positioning Time – We are recommending 3 minutes of positioning time which is a decrease of 7 minutes from the median survey time, but consistent with the pre-service package time for this activity.

Scrub, Dress, Wait Time – We are recommending 10 minutes of scrub, dress and wait time which is a decrease of 5 minutes from the selected pre-service package time, based on our survey median.

This results in a total recommended pre time of 43 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9A (General Anes or Complex Reg Blk/Straightforward Procedure)

Recommended time has been reduced to 15 minutes which is a decrease of 15 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 15 minutes, taking the lesser of surveyed time or the pre-service package time.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Intra Time	Total Time	IWPUT	Most Recent RUC Review
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	000	2.44	20	56	0.0853	2017-01
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	000	2.61	20	73	0.0783	2017-01
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	000	2.7	20	56	0.0983	2017-01
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	000	2.89	30	63	0.0741	2012-10
31500	Intubation, endotracheal, emergency procedure	000	3	10	32	0.2522	2016-01
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	000	3.07	30	94	0.0593	2012-10
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	000	3.1	25	61	0.0946	2017-01
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	000	3.31	33	102	0.0578	2012-10
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	000	3.5	30	86	0.081	2017-01
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	000	4.1	40	96	0.0758	2017-01
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	000	4.27	30	83	0.1075	2017-01
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	000	4.5	40	76	0.0941	2017-01
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	000	4.68	40	93	0.0909	2017-01
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	000	4.73	40	94	0.0898	2013-4

Intensity of Work

Review of IWPUT demonstrated that 679X1 is similar to both our KRS Codes and MPC codes with a wRVU at the 50th percentile. In fact, this procedure occurs right next to corotid artery which presents a high risk of perforation which could cause the patient to bleed out.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 69799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 23067
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the Medicare estimated frequency oulinted via the methodology below.

Specialty Otolaryngology Frequency 23067 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,689
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. An analysis was performed to determine the prevalence of this disease specific to this procedure and in adherence to the on label indications of the technologies described by the proposed new code.

Methodology: The current primary treatment option for patients with chronic eustachian tube dysfunction and/or chronic otitis media that is unresponsive to medical therapy is tympanostomy with pressure equalization tube placement. According to Claims Data the RUC Database, CPT 69433 (Tympanostomy requiring insertion of ventilating tube, local or topical anesthesia) was reported 48,586 times in 2018, and CPT 69436 (Tympanostomy requiring insertion of ventilating tube, general anesthesia) was reported 15,378 times in 2018. If we assume that the patients requiring general anesthesia had more severe disease, complicated anatomy, or other complicating patient factors, then this likely represents the same patients that would be considered for CPT 69705 / X1, Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation). Even if all of these patients underwent this procedure instead of pressure equalization tube placement, then the approximate number of cases of the new for this procedure would equal 15,378. Given that this can be done unilaterally or bilaterally, we expect the total volume of the procedure to be equally divided between the new unilateral code XX and the bilateral code X1. While not all of these patients will choose to undergo this procedure or would be candiates for it, this is still a reasonable estimate; given that some of the patients that underwent CPT 69433 under local anesthesia may instead be candidates for CPT 69705 or X1 and also choose to undergo this surgical balloon dilation of eustachian tube (which is typically performed under general anesthesia).

Specialty Otolaryngology Frequency 7689 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31298

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Dilation of Eustachian Tube

TAB: 15

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st KRS	31297	000	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	56	0.085			2.44			56	15	1	5			20			15					
2nd KRS	31296	000	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	55	0.095			3.10			61	15	1	5			25			15					
CURRENT	New Code	000			#DIV/0!						0														
SVY	69705	000	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation);	192	0.084	1.00	2.50	3.00	3.88	40.00	85	30	10	10	4	15	20	30	92	15	0	1	3	6	100
REC		000			0.092			3.00			78	30	3	10			20			15					
1st KRS	31298	000	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg,	61	0.094			4.50			76	15	1	5			40			15					
2nd KRS	31296	000	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	55	0.095			3.10			61	15	1	5			25			15					
CURRENT	New Code	000			#DIV/0!						0														
SVY	69706	000	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	192	0.099	1.00	3.23	4.27	5.00	40.00	95	30	10	10	8	20	30	40	115	15	0	2	4	10	100
REF1	31254	000	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)		0.1075			4.27			83	15	8	10			30			20					
REF2	43243	000	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of		0.1066			4.27			81	23	3	5			30			20					
REC		000			0.104			4.27			88	30	3	10			30			15					

NON- FACILITY DIRECT PE INPUTS

CPT CODE(S): 69705 & 69706
SPECIALTY SOCIETY(IES): AAOHNS
PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	000
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
69705	A 45-year-old female with adult life-long history of difficulty equalizing her left ear with altitude changes develops a left middle ear effusion after a flight. Despite medical management over three months, her left middle ear effusion persists with a type B tympanogram and conductive hearing loss. She is scheduled for surgical nasopharyngoscopy with left eustachian tube dilation.
69706	A 56-year-old male with adult life-long history of difficulty equalizing his ears with flights develops an upper respiratory infection and subsequent middle ear effusion bilaterally. Despite medical management over three months, his middle ear effusions persist with type B tympanograms, and conductive hearing loss. He is scheduled for surgical nasopharyngoscopy with bilateral eustachian tube dilation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology, rhinology and otology. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   These are new codes, but we felt that CPT 31297 was most clinical similar and our surveyees also selected it as a KRS.

3. Is this code(s) typically reported with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are recommending clinical staff pre-time above the standard for 000 globals of 0 minutes. This is consistent with the PE approved in the January 2017 for the FESS family of codes and October 2016.

CPT CODE(S): 69705 & 69706
SPECIALTY SOCIETY(IES): AAOHNS
PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The rationale for this time is that non-facility staff are essential to completing diagnostic and referral forms and providing education and consent to the patient prior to the procedure. Additionally, the RUC has approved these minutes in the past for similar codes, as the time represents staff work that occurs in order for the procedure to take place.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A these are new CPT codes

New equipment recommended over comparator code:
ES041 PROXY endoscope, rigid, sinoscopy (30 degrees) – *added second scope required for procedure*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms
Provide pre-service education/obtain consent

   b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records are available
Obtain vital signs (3-5) Obtain pulse, BP and oxygen saturation
Prepare room, equipment and supplies Requires setup of appropriate supplies by staff
Setup scope (nonfacility setting only) – *two scopes used, 0 degree and 30 degree rigid*
Prepare, set-up and start IV, initial positioning and monitoring of patient - Patient must be positioned in the seated position, with chair reclined at approximately a 20 degree angle
Sedate/apply anesthesia
Assist physician or other qualified healthcare professional---directly related to physician work time (100%)
Monitor patient following procedure/service, multitasking 1:4
Clean room/equipment by clinical staff
Clean scopes - *two scopes used, 0 degree and 30 degree rigid*
Clean surgical instrument package - *nasal spec, bayonettes, freer*
Complete post-procedure diagnostic forms, lab and x-ray requisitions
Review home care instructions, coordinate visits/prescriptions

   c. Post-service period:

Conduct patient communications

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

CPT CODE(S): 69705 & 69706
SPECIALTY SOCIETY(IES): AAOHNS
PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

Added two new supplies, the Eustachian Tube kit and the balloon itself.

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No Computer Listed for these procedures.

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

We selected "other formula" for line 144, Chair with headrest, reclining, exam. The reason for this is that it is the default formula with the monitoring time added to it. The patient is in this chair for the entire procedure (pre/intra/post) as well as the one hour of monitoring time. ENT offices do not have waiting rooms or stretchers for monitoring, so the patient remains in the exam chair during this time.

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

NON- FACILITY DIRECT PE INPUTS

CPT CODE(S): 69705 & 69706
SPECIALTY SOCIETY(IES): AAOHNS
PRESENTER(S): Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

31297

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S):_69705 & 69706_____
SPECIALTY SOCIETY(IES):__AAOHNS_____
PRESENTER(S):__Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   Our specialty formed a panel of experts to develop practice expense recommendations for this family of codes. The panel was comprised of our RUC Advisor and multiple clinical experts who practice in the areas of general otolaryngology, rhinology and otology. The expert panel members also practice across in settings that vary by size, geography, and represent both private and academic settings.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   These are new codes, but we felt that CPT 31297 was most clinical similar and our surveyees also selected it as a KRS.

3. Is this code(s) typically reported with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   We are recommending clinical staff pre-time above the standard for 000 globals of 0 minutes. This represents extensive use of clinical staff per the PE Subcommittee standards and is consistent with the

FACILITY DIRECT PE INPUTS

CPT CODE(S):_69705 & 69706_____
SPECIALTY SOCIETY(IES):__AAOHNS_____
PRESENTER(S):__Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE approved in the January 2017 for the FESS family of codes. The rationale for this time is that staff are essential to scheduling and completing paperwork necessary to schedule these procedures in the facility setting. All new codes are consistent with these recommendations and include time for presumed use of clinical staff for endoscopy procedures time in the pre-service as well.

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A these are new CPT codes

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

N/A Facility

   b. Service period (includes pre, intra and post):

N/A Facility

   c. Post-service period:

N/A Facility

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A Facility

FACILITY DIRECT PE INPUTS

CPT CODE(S):_69705 & 69706_____
SPECIALTY SOCIETY(IES):__AAOHNS_____
PRESENTER(S):__Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A Facility

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

N/A Facility

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

31297

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

FACILITY DIRECT PE INPUTS

CPT CODE(S):_69705 & 69706_____
SPECIALTY SOCIETY(IES):__AAOHNS_____
PRESENTER(S):__Drs. Manes and Manning

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**31297**		**NEW 69705**		**NEW 69706**	
3		***RUC Collaboration Website***				Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral		Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 15** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,377.55**	**$ 8.14**	**$ 2,233.11**	**$ 8.14**	**$ 2,251.36**	**$ 8.14**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**90.0**	**22.0**	**103.0**	**22.0**	**113.0**	**22.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**19.0**	**8.0**	**19.0**	**8.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**87.0**	**0.0**	**92.0**	**0.0**	**102.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 33.30**	**$ 8.14**	**$ 38.11**	**$ 8.14**	**$ 41.81**	**$ 8.14**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		3	3	3	3	3
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		5		5		5
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3		3		3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		5	5	5	5	5
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		3		3		3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5		5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37	5		5		5	
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37	2		2		2	
42			L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.37	20		20		30	
50	CA019	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly related	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37	15		15		15	
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3		3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37	10		20		20	
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37	15		10		10	
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37	3		3		3	
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	2		2		2	
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3	3	3	3	3
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**31297**		**NEW 69705**		**NEW 69706**	
3		***RUC Collaboration Website***				Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)		Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral		Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 15** **Specialty: AAO-HNS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,377.55**	**$ 8.14**	**$ 2,233.11**	**$ 8.14**	**$ 2,251.36**	**$ 8.14**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**90.0**	**22.0**	**103.0**	**22.0**	**113.0**	**22.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**19.0**	**8.0**	**19.0**	**8.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**87.0**	**0.0**	**92.0**	**0.0**	**102.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 1,328.21**	**$ -**	**$ 2,182.24**	**$ -**	**$ 2,193.63**	**$ -**
102	SA048	pack, minimum multi-specialty visit	3.0815	pack		1.0		1.0		1.0	
103	SA042	pack, cleaning and disinfecting, endoscope	18.246	pack		1.0		1.0		1.0	
104	SA043	pack, cleaning, surgical instruments	8.9745	pack		1.0		1.0		1.0	
105	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	2474.985	kit		0.5					
106	SB012	drape, sterile, for Mayo stand	1.379	item		1.0		1.0		1.0	
107	SB024	gloves, sterile	0.875	pair		2.0		2.0		2.0	
108	SB027	gown, staff, impervious	1.186	item		2.0		2.0		2.0	
109	SB034	mask, surgical, with face shield	1.2395	item		2.0		2.0		2.0	
110	SB044	underpad 2ft x 3ft (Chux)	0.275	item		1.0		1.0		1.0	
111	SC028	needle, 18-26g 1.5-3.5in, spinal	6.637	item		1.0		1.0		1.0	
112	SC029	needle, 18-27g	0.0645	item		1.0		2.0		2.0	
113	SC051	syringe 10-12ml	0.197	item		1.0		1.0		1.0	
114	SC056	syringe 50-60ml	1.0055	item		1.0					
115	SD009	canister, suction	4.109	item		1.0		1.0		1.0	
116	SD132	tubing, suction, non-latex (6ft uou)	1.2125	item		1.0		1.0		1.0	
117	SD214	tubing, suction, non-latex (2ft) with Frazier tip (1)	19.4033	item		1.0		1.0		1.0	
118	SG031	cottonoid	0.7865	item		5.0		5.0		10.0	
119	SG056	gauze, non-sterile 4in x 4in	0.999	item		1.0		1.0		2.0	
120	SH046	lidocaine 1%-2% inj (Xylocaine)	0.072	ml		10.0		10.0		20.0	
121	SH050	lidocaine 4% soln, topical (Xylocaine)	0.1665	ml		3.0		3.0		6.0	
122	SH074	water, sterile for irrigation (250-1000ml uou)	2.47	item		1.0		1.0		1.0	
123	SJ010	basin, emesis	0.233	item		1.0		1.0		1.0	
124	SJ037	oxymetazoline nasal spray (Afrin) (15ml uou)	1.745	item		3.0		3.0		6.0	
125	SL037	cup, medicine (1oz size)	0.009	item		1.0		1.0		1.0	
126	SL038	cup-container, sterile, graduated 1000ml	1.145	item		1.0		1.0		1.0	
127	SL146	tubed culture media	0.8845	item		1.0					
128	SM001	atomizer tip shield (RhinoGuard)	0.79	item		2.0		2.0		2.0	
129	SM014	endoscope anti-fog solution	0.9135	ml		2.0		2.0		2.0	
130	NEW	kit, eustachian tube procedure	2010	item		new		1.0		1.0	
131	NEW	eustachian tube balloon	83.35	item		new		1.0		1.0	
132		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*									
134	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
135		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 16.04**	**$ -**	**$ 12.75**	**$ -**	**$ 15.91**	**$ -**
136	ES031	scope video system (monitor, processor, digital ca)	36306	Scope Systems	0.140690367	34		34		44	
137	ES040	PROXY endoscope, rigid, sinoscopy (0 degrees)	2414.17	Scope	0.007792052	41		51		61	
138	ES041	PROXY endoscope, rigid, sinoscopy (30 degrees)	2414.17	Scope	0.007792052	New		51		61	
139	ES005	endoscope disinfector, rigid or fiberoptic, w-cart	30638.647	Scope Systems	0.096227093	41		34		44	
140	EF015	Mayo stand	526.782	Default	0.001171771	42		42		52	
141	EQ383	Reusable shaver blade, 2mm	790	Default	0.003130135	42					
142	EQ234	suction and pressure cabinet, ENT (SMR)	3853.6165	Default	0.010226444	42		42		52	
143	EQ170	light, fiberoptic headlight w-source	3014.9315	Default	0.01194575	42		42		52	
144	EF008	Chair with headrest, exam, reclining	5322.511	Other Formula	0.011839361	42		102		102	
145	EQ384	Microdebrider handpiece	4760	Default	0.012631738	42					
146	EQ385	Microdebrider console	9034	Default	0.029158428	42					
147	EQ167	Light source, xenon	9615.292	Default	0.038097674	42		42		52	
148	EQ137	instrument pack, basic ($500-$1499)	500	Instrument Packs	0.002323783	54		49		59	
149	EQ032	IV infusion pump	2411.773	Default	0.006400186	60					
150	EF018	stretcher	5005.0105	Monitoring	0.013281929	60					
151	EQ011	ECG, 3-channel (with Sp02)	3730.75	Default	0.012041488	60					
152											
153											
154											
155		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Medical Physics Dose Evaluation (PE Only) – Tab 16

In May 2019, the CPT Editorial Panel created a new practice expense only code to describe medical physics dose evaluation for radiation exposure that exceeds the institutional review threshold. The service describes the work of clinical staff performing an evaluation following the procedure where the threshold of exposure was met. The service recreates the procedure to accurately determine organ specific doses resulting from radiation exposure during the procedure. If the site, state or equipment requirements determines that the threshold was met, the physician or office staff contact the physicist and request the service.

At the October 2019 RUC meeting, the Practice Expense (PE) Subcommittee reviewed the PE recommendations for new CPT code 76145. The clinical activities associated with the service involve high amounts of clinical staff time, and the Subcommittee had concerns that there may be overlap between some of the categories. The PE Subcommittee considered the time elements of the *Medical Physicist* (L152A) clinical staff and was unable to make a recommendation to the RUC based on the specialty society expert panel proposal. The PE Subcommittee instead requested that the specialty societies conduct a PE survey to obtain data that would drive the Subcommittee's decisions. The PE Subcommittee cited two primary reasons that a PE survey is necessary to appropriately review and determine accurate direct practice expense inputs for this service. First, this is a new service with a high amount of clinical staff time and, because there are no other similar services, there are no appropriate reference codes to compare the clinical staff activities and times. Second, the service is stand-alone, meaning that the medical physicist works independently from a physician and there are no elements of the practice expense that are informed by time from a physician work survey. Following the meeting the specialty societies developed a PE survey which was reviewed and approved by the Research Subcommittee.

At the January 2020 RUC meeting the PE Subcommittee reviewed the results of the practice expense survey. The PE Subcommittee noted that the specialty societies included facility-based providers in addition to non-facility based providers in their survey sample, as recommended by the PE Subcommittee and approved by the RUC Research Subcommittee in October 2019. The PE spreadsheet includes the original consensus panel October 2019 recommendations, the median survey results and the January 2020 consensus panel recommendations. The recommended times are consistent with the survey median times. No reference code is included as there are no similar services in radiology or cardiology. There was a total of 41 responses to the PE survey. A PE Subcommittee member inquired about the expected use of the service and the specialty societies explained that, although it is not a common service, the specialty estimates that it is done 16,000 times per year. This is based on interventional, long-duration procedures, including both in the facility and non-facility settings. It is expected to be utilized for exposure during fluoroscopic-guided interventions only and not for any other imaging modality. The evaluation is on a per procedure basis and is not a lifetime cumulative dose. The Subcommittee also inquired about how the equipment time and the specialties explained that the time was calculated based on the component times of the survey, crosschecked with survey responses. Equipment items, *computer, desktop, w-monitor* (ED021) and *Technologist PACS workstation* (ED050) are used at the same time and unavailable for other use during the times indicated on the PE spreadsheet. The PACS workstation generally cannot have software such as spreadsheets and word processing, so both machines are required during the service. Some PE Subcommittee members

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were concerned about the granularity of the practice expense survey as well as concerned about overlap in the physicist work, especially in clinical activities, CA012 *Review requisition, assess for special needs*, CA014 *Confirm order, protocol exam* and CA021 *Perform procedure/service---NOT directly related to physician work time*. The expert panel explained that some of the descriptions of work are similar not because of overlap but rather because certain similar tasks must be done multiple times. The presenters explained that the PE Survey was intentionally explicit to avoid overlap. For example, the for clinical activity CA012, the medical physicist reviews information in PACS multiple times over several days. The specialty also clarified that it is critical to do a detailed review of the case, protocol the exam and confirm the order for each individual case because the reference radiation dose level is different for each patient and each institution. The specialty also clarified that the reference levels are intentionally broad so the medical physicist might be contacted to do an initial investigation and may determine that the service does not need to be performed, in fact, in roughly 95% of inquiries the medical physicist determines that the service is not necessary and the code is not utilized. For clinical activity CA014, the physicists looks at the images in the medical record and determines if there is enough information, whereas the clinical activity CA021 only occurs after CA014, likely on a different day and that is when the calculations are done and the medical physicist physically goes to the angiography lab and determines in retrospect the positioning of the patient. This step is critical in calculating the dose to the skin. The physicist will also spend time during CA021 talking to the technicians and doing measurement in the angiography room to determine dose indices. Clinical activity CA034 is distinct from other clinical activities as it is the final documentation of the different calculations across the days. This is when the medical physicist formalizes and describes the dose as well as determines assumptions about overlap of imaging fields to find the maximum dose for the patient. So that the physician can be confident about the safety of future treatment options for the patient, the report includes dose effect metrics regarding what the dosage means for the patient. Each patient is unique just by the fact of getting to the stage were this service is needed, so there is no possibility for a template report.

The PE Subcommittee asked for additional clarification about the context in which this service would be provided. The specialties explained that the code is used in cases where the dose of radiation was delivered in a complex procedure and there was not an option for the interventional radiologist to do something different or terminate the procedure. Often the patients have a high body mass index, and this amplifies the dose. The code is not performed because of an error on the physician's part— rather typically the procedure had to be completed knowing there could be adverse consequences and complications to the patient. The valuable information obtained through this evaluation is important to the physician, patient and family for continuity of care and future treatment decisions. The radiation safety committee for the state and the hospital are all interested in this information. Also, the Joint Commission needs to know that the provider has a policy in place to do this evaluation if necessary. Finally, the PE Subcommittee questioned if equipment item, ER050 *phantom, solid water calibration check* is essential to this procedure. The presenters explained that the equipment is used for a crucial step in the procedure in the angiography room to double check calculations and validate the work that has been done. The presenters added that a full hour in the angiography room, also indicated by the survey respondents, using ER050 *phantom, solid water calibration check* to validate the work, is reasonable and expected. The presenters also confirmed that this is not routine quality improvement work. The PE Subcommittee ultimately decided that however the time is apportioned, the aggregate median time of the survey is accurate for an evaluation of this complexity. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Other Procedures**				
●76145	J1	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	XXX	PE Only

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NONFACILITY DIRECT PE INPUTS **CPT CODE(S):**76145
SPECIALTY SOCIETY(IES):ACR, SIR, ACC
PRESENTER(S): Schoppe, Golding, Moriarity, Morin, White, Anderson, Hall, Wright, Waites & Tuohy

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
76145	A 62-year-old female undergoes a fluoroscopically guided interventional radiology procedure utilizing multiple projections and imaging sequences exceeding the facility's established threshold for radiation air kerma from one or more procedures. A patient-specific peak organ dose calculation is requested.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The multispecialty group (ACR, SIR, ACC) conducted a practice expense survey of applicable membership subsets. They convened a consensus panel, which included a number of experts familiar with the service to evaluate the survey results. The consensus panel then developed consensus direct practice expense recommendations.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

The specialties included the original consensus panel October 2019 recommendations, the median survey results and the January 2020 consensus panel recommendations. The specialties did not include a reference code, as there were no similar services in radiology or cardiology.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the nonfacility?
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

N/A

4. What specialty is the dominant provider in the nonfacility?
What percent of the time does the dominant provider provide the service(s) in the nonfacility?
Is the dominant provider in the nonfacility different than for the global?
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CA014 – Confirm order, protocol exam
Standard - 1 minute
Survey median – 45 minutes
The consensus panel supports the survey median of 45 minutes for this task.
Confirm availability of case details in EHR, including machine dose index or air kerma reports and procedural documentation. Review patient specific information to confirm that detailed measurement calculation by a medical physicist is indicated and appropriate for this specific patient or case. Review patient record to determine if there are other radiological procedures (including at other facilities) that may have contributed dose to the patient.

CA031 – Review examination with interpreting MD/DO
Standard – 2 minutes
Survey median – 20 minutes
The consensus panel supports the survey median of 20 minutes for this task.
Discuss service/findings with physician who performed the interventional procedure and staff (technical, RSO).

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

9. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

b. Service period (includes pre, intra and post):

CA012 Review requisition, assess for special needs
Review request verify that the institutional review threshold has been exceeded. Ascertain if adverse skin or other organ injuries have been reported, consistent with typical time-dose response effects

CA014 Confirm order, protocol exam (See Q5)
CA021 Perform procedure/service---NOT directly related to physician work time (See Q10)
CA031 Review examination with interpreting MD/DO (See Q5)

CA034 Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)
The report will typically include a tabulation of the input calculation data for each imaging segment (and sub-segments if there is a significant change in x-ray parameter(s), resultant organ dose for each segment and total peak organ dose for all segments for the maximally exposed tissue. Further, there will be a review of he anticipated tissue response based on time/dose/effect literature.

c. Post-service period:

N/A

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

(a) Detailed review of the case in the electronic medical records (EMR)

(b) Interview physician(s), technologists and/or other staff

(c) Review each exposure

(d) Estimate the peak organ dose

Note: Starts with the recorded cumulative reference air kerma ($K_{a,r}$) which is then corrected for geometric factors, most importantly the distance from the IRP to the patient; x-ray beam directions during the procedure(s), dosimetric factors, including backscatter; and other factors, including the presence of the patient table and support pad.

(e) Verify the recorded reference air kerma, entrance skin air kerma, and other radiation parameters input to the calculation by independent radiation exposure measurements in the procedural room using the same equipment and techniques.

Note: Individual measurements must be repeated for each individual exposure set during the original procedure.

IMPORTANT: The specialties will use the titles of these specific tasks throughout the PE SOR and the PE spreadsheet. For example CA021a (in question 20 below) would be the time associated with (a) detailed review of the case in the electronic medical records above.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

14. ☐ X Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ X Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

Radiation Dosimetry Kit This equipment is a comprehensive radiation dose and beam-energy measuring instrument. This is needed for the medical physicist to calculate the relationship between the dose index display on the interventional system and the actual absorbed dose to the patient's organ of interest. Two invoices were included. The societies are recommending $17,182.50, the average of the two invoices.

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

Yes, the specialties are recommending minutes for ED021.

a) The physicist uses the computer to review the requisition, confirm the order, protocol the exam, review the EMR and generate the report.
b) The computer is an integral component of this service. It is also used for other services.
c) Special software is not typically used to provide this service.

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

The specialties are recommending the "other" equipment formula for all 5 pieces of equipment:

ED021	Computer, desktop, w-monitor	CA012, CA014, CA021a, CA034	18+45+20+20=85
ED050	Technologist PACS workstation	CA014, CA021a, c, e	45+20+30+60=155
EL011	Room, angiography	CA021e	60
ER050	Phantom, solid water calibration check	CA021e	60
NEW	Radiation Dose Kit	CA021e	60

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

Below are additional data points from the practice expense survey.

Vignette Typical: 85%
Service Performance Rate: Past Year (88%)
Physicist Perform Procedure: 98%
Specialty Response Rate (SRR): ACR (49%), AAPM (42%), ACC (2%), SIR (7%)
Site of Service (SOS): NF (12%), F (88%)

Place of Service
It is important to note that the SRR and SOS responses noted above may not fully represent the spectrum of responses collected. More specifically, if a medical physicist completed the survey they might indicate ACR as the specialty they were completing the survey for because they are members of ACR. However, their practice focus for this work might be cardiology. Also, they might be employed by a facility but contract with a NF. The consensus panel reviewed the responses and believes the data are representative of the new service.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CA021 Formula
The specialty included a formula in cell 052 to help the PE see what was included. The formula includes the median times for the 5 tasks included in Question 10.

When will this code be used?
Radiation exposures that exceed institutional thresholds most often occur in connection with diagnostic/interventional imaging procedures that:

- have a high degree of complexity
- require enhanced image quality to visualize anatomic and/or contrast enhanced features (and thus elevated dose to create the images)
- involve lengthy imaging times (often with cine-radiographic techniques)
- are undertaken to diagnose and or treat severe conditions such that limiting the use of ionizing radiation to restrict dose would lead to a serious adverse outcome.
- are performed on a patient with a high BMI
- occur in a series of procedures to the same anatomical area.

Additional Survey Data Statistics

Source	CPT	Global	DESC	INTRA-TIME				
				MIN	25th	MED	75th	MAX
SVY	**76145**	**XXX**	**Review requisition and assess for special needs**	5	10	**18**	30	60
SVY	**76145**	**XXX**	**Confirm order**	0	8	**15**	25	60
SVY	**76145**	**XXX**	**Protocol exam**	0	15	**30**	34	90
SVY	**76145**	**XXX**	**Perform Procedure:** *(a) Detailed review of the case in the EMR*	10	15	**20**	30	60
SVY	**76145**	**XXX**	**Perform Procedure:** *(b) Interviews*	0	10	**30**	30	60
SVY	**76145**	**XXX**	**Perform Procedure:** *(_c) Review each exposure*	5	14	**30**	60	90
SVY	**76145**	**XXX**	**Perform Procedure:** *(d) Est peak organ dose*	15	30	**60**	60	150
SVY	**76145**	**XXX**	**Perform Procedure:** *(e) verify air kerma*	20	38	**60**	83	180
SVY	**76145**	**XXX**	**Discuss findings with physician who performed the interventional procedure**	0	9	**10**	15	30
SVY	**76145**	**XXX**	**Discuss case details with RSO**	0	1	**10**	15	15
SVY	**76145**	**XXX**	**Generate report**	0	11	**20**	60	180

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

CPT Code 33010 Pericardiocentesis; initial

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED October 2019**		**SURVEY DATA**		**RECOMMENDED January 2020**	
2						**76145**		**76145**		**76145**	
3		***RUC Collaboration Website***				*Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*		*N=41* *Medians*		*Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 16 Medical Physics Dose Evaluation** **Specialty: Radiology, Interventional Radiology & Cardiology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 702.37**	**$ -**	**$ 760.88**	**$ -**	**$ 763.50**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**170**	**0**	**303**	**0**	**303**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**170**	**0**	**303**	**0**	**303**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 258.91**	**$ -**	**$ 461.47**	**$ -**	**$ 461.47**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
23			L037D	RN/LPN/MTA	0.37						
26		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	~~Greet patient, provide gowning, ensure appropriate medical records are available~~	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L152A	Medical Physicist	1.523	30		18		18	
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L152A	Medical Physicist	1.523	15		45		45	
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
42			L037D	RN/LPN/MTA	0.37						
45		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	~~Assist physician or other qualified healthcare professional---directly related to physician work time (100%)~~	L037D	RN/LPN/MTA	0.37						
50	CA019	~~Assist physician or other qualified healthcare professional---directly related to physician work time (67%)~~	L037D	RN/LPN/MTA	0.37						
51	CA020	~~Assist physician or other qualified healthcare professional---directly related to physician work time (other%)~~	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L152A	Medical Physicist	1.523	90		200		200	
55			L037D	RN/LPN/MTA	0.37						
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	~~Technologist QC's images in PACS, checking for all images, reformats, and dose page~~	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L152A	Medical Physicist	1.523	5		20		20	
70	CA032	~~Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue~~	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	~~Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)~~	L152A	Medical Physicist	1.523	30		20		20	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.37						
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.37						
96		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	K	L	M	N	O	P
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4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 16 Medical Physics Dose Evaluation** **Specialty: Radiology, Interventional Radiology & Cardiology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 702.37**	**$ -**	**$ 760.88**	**$ -**	**$ 763.50**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**170**	**0**	**303**	**0**	**303**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**170**	**0**	**303**	**0**	**303**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**0**	**0**	**0**	**0**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 443.46**	**$ -**	**$ 299.41**	**$ -**	**$ 302.03**	**$ -**
112	ED021	computer, desktop, w-monitor	1916.6665	Other Formula	0.007594209	120		120		103	
113	ED050	Technologist PACS workstation	5557	Other Formula	0.022017924	15		30		155	
114	EL011	room, angiography	1290120.61	Other Formula	4.888291679	90		60		60	
115	ER050	phantom, solid water calibration check	7608.18	Other Formula	0.020190029	30		60		60	
116	NEW	Radiation Dose Kit	17182.5	Other Formula	0.055458787	30		60		60	

CPT Code 76145 Practice Expense Survey

1	Physician Name:	I am completing the survey for:	
2	Medical Physicist Name:	ACR AAPM ACC SIR	
NEW CODE	CPT Code **76145:** *Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report*		
3	Have you performed this service in the past year?	YES	NO
	If not, have you performed the service in the last two years?	YES	NO
Please circle all Sites of Service you have performed this procedure in: Office (Non Facility) Hospital Outpatient (Facility) Hospital Inpatient (Facility) ASC (Facility) **If you have performed the service in more than one setting, one of which is an Office (NF) setting, please complete this survey with Office Setting Data.*			
4	Is the following vignette typical for this service? *A 62-year-old female undergoes a fluoroscopically guided interventional radiology procedure utilizing multiple projections and imaging sequences exceeding the facility's established threshold for radiation air kerma from one or more procedures. A patient-specific peak organ dose calculation is requested.*	YES	NO
	If not, please describe a typical vignette for this service.		
5	Have you ever started 76145 and then stopped before you completed the final report? *If so, please provide details:*	YES	NO
6	Does a physicist perform this procedure 100% of the time?	YES	NO
7	Does a dosimetrist ever perform this service? *If so, please provide details:*	YES	NO

Direct Practice Expense Inputs – Clinical Time

"Clinical" activities are those needed for the service versus those needed to run the office.
DO NOT INCLUDE time for administrative scheduling, data entry, billing etc.
Please include the **typical** time for each task. Typical is defined as greater than 50% of the time.

Does a medical physicist perform the following tasks during this service?	**YES or NO**	**If yes, for how many minutes?**
PRE-SERVICE		
Review requisition and assess for special needs *i.e. review request verify that the institutional review threshold has been exceeded. Ascertain if adverse skin or other organ injuries have been reported, consistent with typical time-dose response effects.*		
Confirm order *i.e. confirm availability of case details in EHR, including machine dose index or air kerma reports and procedural documentation*		
Protocol exam *i.e. review patient specific information to confirm that detailed measurement calculation by a medical physicist is indicated and appropriate for this specific patient or case. Review patient record to determine if there are other radiological procedures (including at other facilities) that may have contributed dose to the patient*		

CPT Code 76145 Practice Expense Survey

Perform procedure/service		
Detailed review of the case in the electronic medical records (EMR)		
Interview physician(s), technologists and/or other staff		
Literature review for any special measurements that may be needed to evaluate the case		
Review each exposure		
Estimate the peak organ dose *Note: Starts with the recorded cumulative reference air kerma ($K_{a,r}$) which is then corrected for geometric factors, most importantly the distance from the IRP to the patient; x-ray beam directions during the procedure(s), dosimetric factors, including backscatter; and other factors, including the presence of the patient table and support pad.*		
Verify the recorded reference air kerma, entrance skin air kerma, and other radiation parameters input to the calculation by independent radiation exposure measurements in the procedural room using the same equipment and techniques. *Note: Individual measurements must be repeated for each individual exposure set during the original procedure.*		
*What is the **TYPICAL** number of exposures you calculate per case?*		
Other Task:		
Other Task:		
Discuss service/findings with **physician** who performed the **interventional** procedure		
Generate Report		
Discuss case details with **referring physician** *Different than the interventional procedure physician*		
Discuss case details with **radiation safety officer**		
Discuss case details with **patient**		
Report incident to regulatory entity What regulatory entity?		
Other:		
Other:		

CPT Code 76145 Practice Expense Survey

Direct Practice Expense Inputs – Supplies & Equipment

SUPPLIES	
Do you use any disposable supplies to perform this procedure? If so, please list them below:	**Quantity**

EQUIPMENT		
Do you use the following pieces of equipment?	**YES/NO**	**If yes, how much time (in minutes) do you use for each item?** ***(i.e. The piece of equipment is not available for others to use.)***
Computer, desktop, w-monitor		
Technologist PACS workstation		
Phantom, solid water calibration check		
Radiation Dosimetry Kit *Please include the items in your dosimetry kit:*		
Angiography Room		
Other:		
Other:		
Other:		

Are there other pieces of information you would like to share with us that you feel should be accounted for in this survey?

Thank you for your time and participation in this survey!

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth / CPT Assistant Analysis 2018

January 2020

Ophthalmic Ultrasound Anterior Segment – Tab 17

CPT code 76513 was initially identified for review based on volume growth. Volume has remained flat at approximately 27,000 since 2014. The increased volume prior to 2014 was attributed to improved equipment. In October 2018, a list of RUC referrals for CPT Assistant articles from 2013-2016 were reviewed and seventeen codes were identified. Action plans were requested for January 2019 and the RUC subsequently recommended that code 76513 be surveyed for April 2019. At the April 2019 RUC meeting, the specialty societies requested to refer this service to the CPT Editorial Panel for revision. In preparing to survey, it was found that the procedure was typically performed bilaterally. The specialties noted their intent to submit a code change application with a change to the descriptor to include "unilateral or bilateral" for the September 2019 CPT Editorial Panel meeting, thus the RUC recommended referral. In September 2019, the CPT Editorial Panel approved revision of the code for anterior segment ophthalmic ultrasound to clarify that it is reported for either unilateral or bilateral.

CPT codes 76510, 76511, 76512 and 76514 were initially included as part of the family with CPT code 76513 to be surveyed for the January 2020 RUC meeting. However, the specialty societies asserted that CPT code 76513 is not part of a family with any of the other codes in the Diagnostic Ultrasound, Head and Neck section of CPT. The other ophthalmic ultrasound codes in that section (CPT 76510-76512, 76514-76529) are used to image other anatomic sites in the eye (cornea, retina, axial length) for other diagnoses (corneal thickness, retinal pathology, pre-cataract surgery lens implant calculations, foreign body localization). In contrast, CPT code 76513 is used to image the anterior segment (anterior chamber, angle, iris, and posterior chamber). The societies affirmed that current values should be maintained for those codes which were suggested as potentially being part of the same family, CPT codes 76510, 76511, 76512 and 76514. These codes have all been surveyed within the last three years. All have also been converted from unilateral to bilateral and reduced in their payments to eliminate any duplication with a provided office visit whether they are performed together or not. The RUC agreed with the specialty societies' assessment of the code family and the surveying of only CPT code 76513.

76513 ***Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral***
The RUC reviewed the survey results from 33 ophthalmologists and retina specialists and determined that the survey 25th percentile work RVU of 0.60 accurately reflects the physician work necessary for this service. CPT code 76513 is typically used to identify the etiology of a persistent narrow angle in the face of a patent peripheral iridotomy. It differentiates between normal and abnormal anatomic variability and pathologic posterior iris and ciliary body lesions including detachments, inflammatory conditions, and tumors. It is typically performed on the same day as an Evaluation and Management (E/M) office visit. The RUC recommends 3 minutes pre-service time, 10 minutes intra-service time and 2 minutes immediate post-service time. The 10-minute median intra-service time is consistent with the physician acquiring the image as well as performing the interpretation. Physicians typically acquire the image to ensure that all quadrants are completely visualized to rule out any pathology that is

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unknown and invisible prior to imaging. The survey pre-service time was reduced from 6 to 3 minutes and the survey post-service time from 6 to 2 minutes because the service is typically performed with an office or eye visit code. In addition to reviewing prior test results and the referring physician notes, the physician typically adjusts the ultrasound machine settings after the technician has turned it on, positions the patient, anesthetizes the cornea and applies ultrasonic gel as part of the pre-service work. Two minutes is required for post-service work which includes irrigating the cornea, instructing the patient on lubricants and symptoms suggestive of corneal injury, reviewing the results with the patient, and dictating a report for the EHR and referring physician.

The RUC noted that CPT code 76513 has never been RUC surveyed, thus the current times are CMS/Other and not valid for comparison. In this case, the code was crosswalked to one of the other ultrasound codes when it was first created and valued. The CMS/Other time source makes it impossible to compare the current numbers to the times and values derived from the survey results. The RUC further noted the significant reduction in utilization that is expected from the revised code (a 26 percent reduction in utilization) because it now includes both unilateral and bilateral. The current code was typically reported twice but now will only be reported once whether performed unilaterally or bilaterally. Based on the current frequency of billing two units, AMA analysis suggests that the code descriptor change along with the recommended new work value will result in an approximate 33% reduction in payment.

The RUC compared CPT code 76513 to the top key reference code 76512 *Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)* (work RVU = 0.56, 3 minutes pre-service time, 11 minutes intra-service time and 2 minutes immediate post-service time) and noted that the survey code has one minute less intra-service time and slightly higher intensity. Sixty percent of respondents that selected the reference code ranked the survey code as more intense and complex relative to the key reference service. The reason this procedure is more intense than other retinal ultrasounds is because the potential diagnoses are more diverse, including the possibility of a tumor hidden behind the iris, and the entire 360 degrees of the ciliary body must be imaged. Imaging the anterior segment is more challenging than imaging the retina more posteriorly, requiring greater technical skill and patient cooperation.

For additional support, the RUC referenced CPT code 74210 *Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study* (work RVU = 0.59, 3 minutes pre-service time, 10 minutes intra-service time and 2 minutes immediate post-service time) noting that the codes have identical times and nearly identical work values. The RUC concluded that CPT code 76513 should be valued at the 25th percentile work RVU of 0.60 as supported by the survey. **The RUC recommends a work RVU of 0.60 for CPT code 76513.**

Affirmations

The RUC affirms the October 2016 RUC recommendations for CPT codes 76510, 76511 and 76512, and affirms the current 2020 work RVU of 0.14 for CPT code 76514.

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Practice Expense
The Practice Expense Subcommittee had an extensive discussion about the potential for duplication or overlap between different clinical staff and the physician as well as discussing the need for the new supply item, ClearScan ultrasound probe cover (water-filled condom covers). Ultimately, the Subcommittee accepted the original spreadsheet for CPT code 76513 and made no changes. The Subcommittee reviewed and affirmed the inputs from October 2016 for the other four codes without modification. **The RUC recommends the direct practice expense inputs for CPT code 76513 as submitted by the specialty society and recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee for CPT codes 76510, 76511, 76512 and 76514.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Diagnostic Ultrasound** **Urinary Tract**				
(f) 76510	S1	*Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter*	XXX	0.70 (Affirmed October 2016 RUC recommendation) (No change)
(f) 76511	S2	*quantitative A-scan only*	XXX	0.64 (Affirmed October 2016 RUC recommendation) (No change)
(f) 76512	S3	*B-scan (with or without superimposed nonquantitative A-scan)*	XXX	0.56 (Affirmed October 2016 RUC recommendation) (No change)

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▲76513	S4	anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral *(For scanning computerized ophthalmic diagnostic imaging of the anterior and posterior segments using technology other than ultrasound, see 92132, 92133, 92134)*	XXX	0.60
(f) 76514	S5	*corneal pachymetry, unilateral or bilateral (determination of corneal thickness)* *(Do not report 76514 in conjunction with 0402T)*	XXX	0.14 (Affirmed Current Value)

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December 18, 2019

Peter Smith, MD Chair, Relative Value Scale Update Committee (RUC)
American Medical Association (AMA) AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Smith,

The Academy affirms that current values should be maintained for those codes other than 76513 that are in the Diagnostic Ultrasound, Head and Neck section of CPT and which were suggested as potentially part of the same family: 76510-76512, 76514. We remind the RUC and CMS that codes listed in the same section of the CPT book are not necessarily in the same family. Regarding the current review of CPT 76513, the codes that were originally suggested as being part of the family have all been surveyed within the last 3 years. All have also been converted from unilateral to bilateral and reduced in their payments to eliminate any duplication with a provided office visit whether they are done together or not.

CPT 76513 is not part of a family with any of the other codes in the Diagnostic Ultrasound, Head and Neck section of CPT. The other ophthalmic ultrasound codes in that section are used to image other anatomic sites in the eye: cornea (76514), retina (76510-12), axial length (76516), 76519) or the thyroid (76536). In contrast, 76513 is used to image the anterior segment (anterior chamber, angle, iris, and posterior chamber).

The other codes in this section are performed for other diagnoses as well: corneal thickness to assess endothelial function and/or glaucoma risk (76514), retinal pathology (76510-12), pre-cataract surgery lens implant calculations (76516, 76519), foreign body localization (76529), and thyroid pathology (76536). Once again, in contrast 76513 is used to detect pathology in the anterior segment and the relationships between the iris, cornea, anterior chamber angle, and anterior/posterior chamber.

The other procedures in this section that were suggested as part of the same family are also typically performed by different specialties within ophthalmology: 76510-76512 by retina, 76513 by glaucoma and oncology, 76514 by cornea and comprehensive.

Finally, the other procedures in this section of CPT utilize different ultrasound imaging equipment that is not transferrable between procedures and are typically performed by different subspecialties within ophthalmology.

All of these factors mean that the services vary in both physician work as well as their practice expense.

Code (RUC)	wRVU	peRVU	Total RVU	Pre-	Intra	Post	Total Time
76510 (10/16)	.70	1.84	2.56	3	2	2	20
76511 (10/16)	.64	1.09	1.75	3	2	2	15
76512 (10/16)	.56	.91	1.49	3	2	2	16
76514 (10/17)	.14	.18	.34	1	1	1	5

We are happy to discuss this family and more importantly provide a review of the recommendations now presented for CPT 76513 (Tab 17) at the upcoming January 2020 meeting.

Sincerely,



David B. Glasser, MD, Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76513 Tracking Number S4 Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: XXX Current Work RVU: **0.66** RUC Recommended RVU: **0.60**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old woman with narrow anterior chamber angles after laser peripheral iridotomies has bilateral anterior segment ultrasound biomicroscopy performed.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 100%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior images are studied. The referring physician's clinical impression is assessed. The ultrasound machine icalibration and settings are checked. Explain the nature of the test to the patient and sign consent The patient is placed in a supine position on the examination table. A topical anesthetic is applied. Once the cornea is anesthetized, ultrasound gel is applied to the cornea.

Description of Intra-Service Work: The ultrasound probe is placed on the cornea and manipulated to visualize the iris, iris insertion, anterior chamber angle, posterior chamber, and ciliary body for 360 degrees. Direct the technician to capture and save multiple images to document peripheral iris anatomy in all quadrants and any pathology present. Evaluate the nature of any lesions. Correlate ultrasound findings with clinical presentation and formulate clinical diagnosis.

Description of Post-Service Work: Irrigate the cornea to remove the ultrasound gel. Provide lubricants and instruct patient to call for symptoms of corneal irritation or prolonged decrease in visual acuity. Review results with patient. Enter key findings into the EHR and dictate a report for the medical record and the referring physician, including interpretation, diagnosis, and recommendation for further follow-up and treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	David Glasser, Ankoor Shah, John Thompson, Parag Parekh					
Specialty Society(ies):	AAO, ASRS, ASCRS					
CPT Code:	76513					
Sample Size:	1165	**Resp N:**	33			
Description of Sample:	Random sample of US practicing members of AAO, ASRS and ASCRS					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	1.00	6.00	**10.00**	20.00	800.00	
Survey RVW:	0.30	0.60	**0.66**	0.80	2.90	
Pre-Service Evaluation Time:			**4.00**			
Pre-Service Positioning Time:			**1.00**			
Pre-Service Scrub, Dress, Wait Time:			**1.00**			
Intra-Service Time:	3.00	7.00	**10.00**	16.00	30.00	
Immediate Post Service-Time:	**6.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76513	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76512	XXX	0.56	**RUC Time**

CPT Descriptor Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76510	XXX	0.70	**RUC Time**

CPT Descriptor Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76519	XXX	0.54	**RUC Time**	218,076

CPT Descriptor 1 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830.	XXX	0.69	**RUC Time**	440,820

CPT Descriptor 2 Transvaginal ultrasound

Other Reference CPT Code	Global	Work RVU	Time Source
74210	XXX	0.59	**RUC Time**

CPT Descriptor Radiologic examination; pharynx and/or cervical esophagus

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 45.4 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 30.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 76513	Top Key Reference CPT Code: 76512	2nd Key Reference CPT Code: **76510**
Median Pre-Service Time	3.00	3.00	3.00
Median Intra-Service Time	10.00	11.00	15.00
Median Immediate Post-service Time	2.00	2.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**16.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	40%	47%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	53%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	33%	67%
Physical effort required	0%	67%	33%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome		73%	27%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	20%	40%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	10%	70%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	20%	80%
Physical effort required	10%	30%	60%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76513, *ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral* was initially identified for revaluation based on volume growth. Volume has remained flat at approximately 27,000 since 2014. The increased volume prior to 2014 was attributed to newer machines having an easier to use water-filled condom placed on the end of

the probe. In preparing to survey, it was found that the procedure was typically performed bilaterally, so the code was taken to CPT to change it to bilateral. It has not been previously surveyed.

CPT 76513, anterior segment ultrasound, is typically performed on the same day as an office visit. It is typically used to identify the etiology of a persistent narrow angle in the face of a patent peripheral iridotomy. It differentiates between normal and abnormal anatomic variability and pathologic posterior iris and ciliary body lesions including detachments, inflammatory conditions, and tumors.

CPT 76513 is not part of a family with any of the other codes in the Diagnostic Ultrasound, Head and Neck section of CPT. The other ophthalmic ultrasound codes in that section (CPT 76510-76512, 76514-76529) are used to image other anatomic sites in the eye (cornea, retina, axial length) for other diagnoses (corneal thickness, retinal pathology, pre-cataract surgery lens implant calculations, foreign body localization).

A random survey of the American Academy of Ophthalmology, American Glaucoma Society, American Society of Retina Specialists and the American Society of Cataract and Refractive Surgeons had 33 respondents, 82% of whom found the vignette to be typical. The median WRVU was 0.66 and the 25th percentile was 0.60. The median IST was 10 minutes. The current work value of CPT 76513 is 0.66 WRVU. The RUC DB lists a total time of 19 minutes with no breakdown into pre- intra- or post-service time. The time source listed is "CMS/Other." The primary reference service, chosen by 45% of respondents, was CPT 76512, *Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)* (RUC 2016), with a WRVU of 0.56, an IST of 11 minutes, and a total time of 16 minutes. The second reference service, chosen by 30% of respondents, was CPT 76510, *Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter* (RUC 2016), has 0.70 WRVU, 15 minutes IST, and 20 minutes total time. Sixty percent of respondents ranked the surveyed code somewhat more or much more intense and complex than the primary and secondary reference services on the overall intensity/complexity measure. Respondents ranked the surveyed code as more or similar in intensity to the two reference codes on the submeasures.

The expert panel of ophthalmologists, who are familiar with the procedure and the RUC process, reviewed the survey findings. The 10-minute median intra-service time is consistent with the physician acquiring the image as well as performing the interpretation. Physicians typically acquire the image to ensure that all quadrants are completely visualized to rule out any pathology that is unknown and invisible prior to imaging. The technician assists with patient positioning and adjustment of ultrasound settings during the examination.

We reduced the survey pre-service time from 6 to 3 minutes and the survey post-service time from 6 to 2 minutes because the service is typically performed with an office visit. In addition to reviewing prior test results and the referring physician notes, the physician typically adjusts the ultrasound machine settings after the technician has turned it on, positions the patient, anesthetizes the cornea and applies ultrasonic gel as part of the pre-service work. Two minutes is required for post-service work which includes irrigating the cornea, instructing the patient on lubricants and symptoms suggestive of corneal injury, reviewing the results with the patient, and dictating a report for the EHR and referring physician.

Total time for the procedure is 15 minutes, with an IST of 10 minutes. **We recommend a work value of 0.60 RVU for CPT 76513, the survey's 25th percentile value, with pre/intra/post-service times of 3/10/2.**

The recommended value is supported by CPT 74210, *Radiologic examination; pharynx and/or cervical esophagus* (RUC 2017) with a work value of 0.59 and identical times of 3/10/2. CPT 74220, *Radiologic examination; esophagus* (RUC 2017) has identical times of 3/10/2 and a higher work value of 0.67. The key reference service, CPT 76512, has a 1 minute longer IST and a slightly lower work value, 0.56, than the

recommended value. This is consistent with the higher intensity and complexity metrics for the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) This is a diagnostic procedure that is separately reported at the same time as an office visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
3.							
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76513

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 40000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Ophthalmology Frequency 26500 Percentage 66.25 %

Specialty Optometry Frequency 13500 Percentage 33.75 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,600 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Ophthalmology Frequency 17000 Percentage 66.40 %

Specialty Optometry Frequency 8600 Percentage 33.59 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Eye

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76513

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: 76513

TAB: 17

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
1st REF	76512	XXX	B-scan w/wo non-quant A	94	0.041			0.56			16	3					11			2																	
2nd REF	76510	XXX	B-scan with quant A	66	0.039			0.70			20	3					15			2																	
CURRENT	76513	XXX	Ophthalmic ultrasound, diagnostic; a	Hrvrd 19 min	0.038			0.66			19	1	1				15			2																	
SVY	76513	XXX	Ophthalmic ultrasound, diagnostic; a	33	0.039	0.30	0.60	0.66	0.80	2.90	22	6			3	7	10	16	30	6													1	6	10	20	800
REC	76513	XXX	Ophthalmic ultrasound, diagnostic; a	33	0.049			0.60			15	3					10			2																	

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
2nd REF	76510	XXX	B-scan with quant A	66	0.039			0.70			20	3					15			2																	
RUC	76511	XXX	Ophthalmic ultrasound, diagnostic; c	36	0.053			0.64			15	3					10			2																	
1st REF	76512	XXX	B-scan w/wo non-quant A	94	0.041			0.56			16	3					11			2																	
RUC	76514	XXX	Ophthalmic ultrasound, diagnostic; c	55	0.032			0.14			5	1					3			1																	
RUC	76516	XXX	Ophthalmic biometry by ultrasound e	86	0.031			0.40			14	2					10			2																	
RUC	76519	XXX	Ophthalmic biometry by ultrasound e	99	0.027			0.54			22	2					10			10																	
CMS/Other	76529	XXX	Ophthalmic ultrasonic foreign body localizati		0.000			0.57			18																										

SS Rec Summary

ISSUE: Excision of bone

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source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
1st REF	11111	000	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0				1			
2nd REF	22222	000	def	15	0.055			5.15			137	10	5	5			35			5					1.0				1	1		
CURRENT	55555	000	abc		0.053			5.00			133	17					27			8				1	1.0				1			
SVY	55555	000	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0				1			
REC	55555	000	abc		0.020			4.25			142	17	1	3			30			10				1	1.0				1			

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):** 76513
SPECIALTY SOCIETY(IES): Ophthalmology
PRESENTER(S): David Glasser/Ankoor Shah

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
76513	ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
76513	A 56-year-old woman with narrow anterior chamber angles after laser peripheral iridotomies has bilateral anterior segment ultrasound biomicroscopy performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code and performed time motion studies for the procedure. The consensus committee considered the survey data, PE details, and observations from time motion studies in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   Reference Code: 76513; ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   Yes this code is typically reported with and E/M service.
   Yes this code is typically reported in the nonfacility setting.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   Ophthalmology
   100% Provided in the Non-Facility Setting

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

9. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

Pre: Line CA009 – The imaging technician, a different technician than the one who does the workup for the same day office visit, greets the patients, escorts them to imagining room from the exam room, opens the EHR, and opens the patient chart on the Ultrasound Imaging Software. The imaging technician then enters demographic information into the ultrasound software to create a file that will be used to record/save images acquired in the procedure. There is no cross talk between the EHR and ultrasound software, which is why this information must be entered even if done with an E&M office visit. Line CA011 – The imaging technician reviews the procedure which involves anesthetizing the eye, direct placement of the ultrasound probe onto the eye, explains the importance of following directions regarding gaze position and avoiding squeezing, and reviews risks of corneal injury in order to obtain consent. Line CA013 – The ultrasound is turned on, the UBM probe is attached, calibrated, and prepared, which involves filling sterile water into probe condom and securing the water-filled condom to the probe to ensure no leakage. Line CA014 – The technician confirms the protocol to be used as tumor, intraocular lens evaluation, and narrow angle evaluation have variations in testing/settings (ie dynamic vs static imaging) **Intra:** Line CA018 – During the entire exam the technician remains in the room to adjust ultrasound settings, increase and decrease gain, and save/label images taken at physician direction. There is no multi-tasking at this time. **Post:** Line CA024 – The equipment and room are cleaned and sterilized

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

c. Post-service period:

Line CA038 – Escort patient back to exam room from the imaging room

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

The technician will save and label images as they are taken, adjust contrast/gain to ensure adequacy of images, readjust patient as different images (eg. nasal, superior, inferior, temporal) are acquired.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

14. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

New: Line 105 – A disposable water-filled condom cover is included as this technology has replaced water-filled reservoirs that were previously used in all cases. An invoice is provided.

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

New

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Line 116 – A specific probe, UBM high frequency probe, is required in addition to the Ultrasound B scan device in order to perform this test. Invoice included.

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

Default formula was used for all equipment, as there is no highly technical equipment. Equipment: Ultrasound Biometry, UBM Probe, Exam light, and Reclining Exam Chair

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

Please note that our review of US equipment cost has increased from what is currently included in the RUC database. Invoice(s) showing the new cost are included.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

No changes were made to the PE Spreadsheet.

Changes made to the PE SOR were points of clarification to identify what the imaging technician is doing and what the physician is doing. There is added confusion because unlike several other ophthalmic imaging studies, the image acquisition in 76513 is performed by the physician not the technician. Details on each line are added above in the PE SOR and changes are highlighted. Here outlined below are the general roles of the imaging technician and physician:

Imaging Technician:

For Purposes of PE – the imaging technician will greet the patient, take the patient from the exam room to the imaging room, explain the procedure in detail and review questions, open the ultrasound software, set up the protocol for the exam, turn on and calibrate the ultrasound, and secure a water tight seal for water-filled condom on the probe. The technician stays in the room 100% of the intraservice time to adjust the gain and image settings as well as save and label images real time as they are acquired. Following image acquisition, the technician cleans the room and equipment and escorts the patient back to the examination room. While there may be some minor variation in this from center to center, this division of labor is typical based on discussions with offices that perform 76513.

Physician:

As per SOR, the physician performs the following - Prior images are studied. The referring physician's clinical impression is assessed. Calibration is reconfirmed. The patient is placed in a supine position on the examination table. A topical anesthetic is applied. Once the cornea is anesthetized, ultrasound gel is applied to the cornea. The ultrasound probe is placed on the cornea and manipulated to visualize the iris, iris insertion, anterior chamber angle, posterior chamber, and ciliary body for 360 degrees. Multiple images are generated and saved to document peripheral iris anatomy in all quadrants. Document and evaluate the nature of any lesions. Correlate ultrasound findings with clinical presentation and formulate clinical diagnosis. Irrigate the cornea to remove the ultrasound gel. Provide lubricants and instruct patient to call for symptoms of corneal irritation or prolonged decrease in visual acuity. Review results with patient. Enter key findings into the EHR and dictate a report for the medical record and the referring physician, including interpretation, diagnosis, and recommendation for further follow-up and treatment.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**76513**		**76513**	
3		***RUC Collaboration Website***				Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution		Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**N/A**	**XXX**	**N/A**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.70**	**$ -**	**$ 32.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**47.0**	**0.0**	**23.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**5.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**39.0**	**0.0**	**22.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**3.0**	**0.0**	**1.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 17.86**	**$ -**	**$ 8.74**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COT/RN/CS	0.38	5		0	
16	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COT/RN/CS	0.38				
17	CA003	Schedule space and equipment in facility	L038A	COMT/COT/RN/CS	0.38				
18	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CS	0.38				
19	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COT/RN/CS	0.38				
20	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/RN/CS	0.38				
21	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COT/RN/CS	0.38				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COT/RN/CS	0.38				
23			L038A	COMT/COT/RN/CS	0.38				
26		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/RN/CS	0.38				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records	L038A	COMT/COT/RN/CS	0.38	3		3	
34	CA010	Obtain vital signs	L038A	COMT/COT/RN/CS	0.38	3		0	
35	CA011	Provide education/obtain consent	L038A	COMT/COT/RN/CS	0.38	5		3	
36	CA012	Review requisition, assess for special needs	L038A	COMT/COT/RN/CS	0.38				
37	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/RN/CS	0.38			2	
38	CA014	Confirm order, protocol exam	L038A	COMT/COT/RN/CS	0.38	3		1	
39	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/RN/CS	0.38				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L038A	COMT/COT/RN/CS	0.38				
41	CA017	Sedate/apply anesthesia	L038A	COMT/COT/RN/CS	0.38				
42			L038A	COMT/COT/RN/CS	0.38				
45		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/RN/CS	0.38				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/RN/CS	0.38	22		10	
50	CA019	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/RN/CS	0.38				
51	CA020	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/RN/CS	0.38				
52	CA021	Perform procedure/service---NOT directly related to physician work	L038A	COMT/COT/RN/CS	0.38				
55			L038A	COMT/COT/RN/CS	0.38				
56		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/RN/CS	0.38				
59		**Post-Service (of service period)**							

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**76513**		**76513**	
3		***RUC Collaboration Website***				Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution		Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**N/A**	**XXX**	**N/A**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.70**	**$ -**	**$ 32.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**47.0**	**0.0**	**23.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**5.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**39.0**	**0.0**	**22.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**3.0**	**0.0**	**1.0**	**0.0**
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COT/RN/CS	0.38				
61	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COT/RN/CS	0.38				
62	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/RN/CS	0.38	3		3	
63	CA025	Clean scope	L038A	COMT/COT/RN/CS	0.38				
64	CA026	Clean surgical instrument package	L038A	COMT/COT/RN/CS	0.38				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COT/RN/CS	0.38				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COT/RN/CS	0.38				
67	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/RN/CS	0.38				
68	CA030	Technologist QC's images in PACS, checking for all images,	L038A	COMT/COT/RN/CS	0.38				
69	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/RN/CS	0.38				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L038A	COMT/COT/RN/CS	0.38				
71	CA033	Perform regulatory mandated quality assurance activity (service	L038A	COMT/COT/RN/CS	0.38				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L038A	COMT/COT/RN/CS	0.38				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COT/RN/CS	0.38				
74	CA036	Discharge day management	L038A	COMT/COT/RN/CS	0.38	**n/a**		**n/a**	
75			L038A	COMT/COT/RN/CS	0.38				
78		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/RN/CS	0.38				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L038A	COMT/COT/RN/CS	0.38	3		0	
85	CA038	Coordinate post-procedure services	L038A	COMT/COT/RN/CS	0.38			1	
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L038A	COMT/COT/RN/CS	0.38	**0.0**	**0.0**	**0.0**	**0.0**
93			L038A	COMT/COT/RN/CS	0.38				
96		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/RN/CS	0.38				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
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3		***RUC Collaboration Website***				Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution		Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, imersion (water bath) B-scan or high resolution	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 17 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**N/A**	**XXX**	**N/A**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.70**	**$ -**	**$ 32.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**47.0**	**0.0**	**23.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**5.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**39.0**	**0.0**	**22.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**3.0**	**0.0**	**1.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 19.27**	**$ -**	**$ 20.46**	**$ -**
102	SA050	pack, ophthalmology visit (no dilation)	1.9525	pack		1		0	
103	SH037	Goniosol 2.5% ophth	0.61	ml		7		14	
104	SK032	film, type 667 Polaroid (per exposure)	1.305	item		10		0	
105	New	ClearScan ultrasound probe cover (Water-filled Condom Covers)	10.5	item				1	
106	SH075	water, sterile inj	0.0395	ml				30	
107	SH058	proparacaine 0.5% ophth (Ophthaine, Alcaine)	1.194	ml				0	
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 6.57**	**$ -**	**$ 3.57**	**$ -**
112	EQ247	ultrasonic biometry, B-scan	13937.0835		0.05522146	39			
113	EQ247	ultrasonic biometry, B-scan	26647.5	Default	0.103262451			22	
114	EL006	lane, screening (oph)	36070.7625		0.11328779	39		0	
115	EF008	chair with headrest, exam, reclining	5322.511	Default	0.011839361			22	
116	EQ168	light, exam	1431.5035	Default	0.003798819			22	
117	New	Ultrasound UBM Probe	10995	Default	0.043564348			22	
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT

October 2017

Echo Exam of Eye Thickness

A RUC member requested that the Relativity Assessment Workgroup review services with negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 21 services identified.

76514 ***Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)***
The RUC reviewed the survey results from 55 ophthalmologists and optometrists and determined that it was appropriate to maintain the current work RVU of 0.17 which is the survey 25th percentile. The RUC questioned the reductions in time reflected in the survey. The median survey intra-service time of 3 minutes is 2 minutes less than the current value. The specialties explained that while the steps in the procedure are unchanged since it was first valued, the workflow has changed. With the advent of smaller, portable, easier to use pachymeters, the technician now typically takes the measurements that used to be taken by the physician. The intra-service time was reduced by two minutes to account for the technician performing this service. The remaining three minutes of intra-service time reflects the more intense cognitive work performed by the physician after the measurements are taken. The survey pre-service time was 3 minutes. Since the procedure is typically done on the same day as an office visit, this was reduced to 1 minute of evaluation time to discuss the test with the patient and place an order in the medical record. The survey immediate post-service time was reduced from 3 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. The RUC recommends 1 minute evaluation pre-service time, 3 minutes intra-service time and 1 minute immediate post-service time. The RUC discussed these changes in time and determined that the reductions effectively address the negative IWPUT issue. To support the recommendation, the RUC examined the top key reference service, CPT code 92145 *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report* (work RVU = 0.17 and 5 minutes intra-service time) and noted that the recommended total intra-service time for the survey code is 2 minutes less but represents the same overall work. Additionally, the overall intensity/ complexity rating was identical or somewhat more relative to the key reference code.

For additional support, the RUC compared the survey code to the following MPC codes: 71010 *Radiologic examination, chest; single view, frontal* (work RVU = 0.18), 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16), and CPT code 73080 *Radiologic examination, elbow; complete, minimum of 3 views* (work RVU = 0.17) and noted that all three codes have an identical intra-service time of 3 minutes and total time of 5 minutes as the survey code. The RUC recommends maintaining the current work RVU at the survey's 25th percentile. **The RUC recommends a work RVU of 0.17 for CPT code 76514.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

In addition, the RUC noted that "a final, written report" is required for CPT code 76514. The CPT guidelines under Diagnostic Ultrasound state, "For those codes whose sole diagnostic goal is a biometric measure (ie, 76514, 76516, and 76519), permanently recorded images are not required. A final, written report should be issued for inclusion in the patient's medical record."

Practice Expense
The Practice Expense Subcommittee accepted the argument for compelling evidence based on the change in practice from the physician typically performing the service to the ophthalmic technician. The RUC recommends the direct practice expense inputs with modifications as reviewed and approved by the PE Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	XXX	0.17 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76514 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old female is being evaluated for glaucoma. Corneal pachymetry is indicated to measure corneal thickness.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Describe the examination and its purpose to the patient. Enter an order into the medical record.

Description of Intra-Service Work: Review the readings obtained by the technician. IOP adjustments and contribution to glaucoma risk associated with the readings are determined.

Description of Post-Service Work: Enter the findings into the medical record and discuss the implications with the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	David B. Glasser, M.D. AAO, Charlie Fitzpatrik, O.D. AOA		
Specialty(s):	Ophthalmology (AAO) and Optometry (AOA)		
CPT Code:	76514		
Sample Size:	1101	**Resp N:** 55	**Response:** 4.9 %
Description of Sample:	A random sample of members were pulled from the AAO, AGS, ASCRS, Cornea Society and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	50.00	**128.00**	250.00	1000.00
Survey RVW:	0.04	0.17	**0.25**	0.35	0.49
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	2.00	**3.00**	5.00	30.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76514	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92145	XXX	0.17	**RUC Time**

CPT Descriptor Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92025	XXX	0.35	**RUC Time**

CPT Descriptor Computerized corneal topography, unilateral or bilateral, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71010	XXX	0.18	**RUC Time**	17,269,035

CPT Descriptor 1 Radiologic examination, chest; single view, frontal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	283,462

CPT Descriptor 2 Radiologic examination, hand; 2 views

Other Reference CPT Code	Global	Work RVU	Time Source
73080	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, elbow; complete, minimum of 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 54.5 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 76514	Top Key Reference CPT Code: 92145	2nd Key Reference CPT Code: **92025**
Median Pre-Service Time	1.00	2.00	5.00
Median Intra-Service Time	3.00	5.00	12.00
Median Immediate Post-service Time	1.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**7.00**	**17.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	53%	33%	3%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	3%	50%	47%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	70%	24%
Urgency of medical decision making	0%	77%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	67%	20%
Physical effort required	3%	80%	17%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	3%	77%	20%
Outcome depends on the skill and judgment of physician	6%	67%	27%
Estimated risk of malpractice suit with poor outcome	3%	77%	20%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	22%	45%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	78%	11%	11%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	33%	22%
Urgency of medical decision making	0%	89%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	33%	56%
Physical effort required	22%	34%	44%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	12%	44%	44%
Outcome depends on the skill and judgment of physician	23%	33%	44%
Estimated risk of malpractice suit with poor outcome	12%	44%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

A random survey of AAO, AGS, ASCRS, Cornea Society and AOA members had 55 respondents, 82% of whom found the vignette typical. The median WRVU was 0.25 and the 25th percentile was 0.17. Median IST was 3 minutes. The current value of the code is 0.17 WRVU. The primary reference service, chosen by 55%, was 92145, *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report* (RUC April 2014) with a WRVU of 0.17 and 5 minutes IST. The second key reference service was 92025, *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (RUC February 2006) with a WRVU of 0.35 and 12 minutes IST. The intensity and complexity metrics for the surveyed code were similar to those of both reference codes.

The expert panel of the AAO, AGS, ASCRS, Cornea Society and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 3 minutes is 2 minutes less than the current value. The panel considered whether a difference of 2 minutes in a survey of this nature is meaningful given the recent instructions to not round up or down compared to previous surveys that lacked those instructions. While the steps in the procedure are unchanged since it was first valued, the workflow has changed. With the advent of smaller, portable, easier to use pachymeters, the technician now typically takes the measurements that used to be taken by the physician. This may also explain the reduction in IST. The survey pre-time was 3 minutes. Since the procedure is typically done on the same day as an office visit, we reduced this to 1 minute to discuss the test with the patient and place an order in the medical record. We reduced the survey post-time from 3 minutes to 1 minute to enter the findings into the medical record and explain the implications to the patient. **We recommend times of 1/3/1 and 0.17 WRVU, the survey's 25th percentile.**

This value is supported by MPC code 73120, *Radiologic examination, hand; 2 views* (RUC August 2005) with 0.16 WRVU, and MPC 71010, *Radiologic examination, chest; single view, frontal* (RUC August 2005) with 0.18 WRVU. The recommended value is also supported by CPT code 73080, *Radiologic examination, elbow; complete, minimum of 3 views* (RUC April 2010) with a WRVU of 0.17. All 3 of these codes share an identical IST of 3 minutes and total time of 5 minutes with the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
3.							
4.	92002	5	15	5	25	.88	XXX

5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 971250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 754564 Percentage 77.68 %

Specialty Optometry Frequency 215423 Percentage 22.17 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 485,625 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 377282 Percentage 77.68 %

Specialty Optometry Frequency 107711 Percentage 22.17 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Eye

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76514

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Echo Exam of Eye Thickness

TAB: 12

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
1st REF	92145	Corneal hysteresis determination, by air impulse		0.025			0.17			7	2					5																							
2nd REF	92025	Computerized corneal topography, unilateral or		0.020			0.35			17	5					12																							
CURRENT	76514	Ophthalmic ultrasound, diagnostic; corneal		-0.011			0.17			15	5					5			5																				
SVY	76514	Ophthalmic ultrasound, diagnostic; corneal	55	0.039	0.04	0.17	0.25	0.35	0.49	9	3			0	2	3	5	30	3																				
REC	76514	Ophthalmic ultrasound, diagnostic; corneal		0.042			0.17			5	1					3			1																				

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0								1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5					1.0								1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8				1	1.0								1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0								1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10					1			1	1.0				1						

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

Global Period: 000 Meeting Date: 10/2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A (current PE inputs are reference)**

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

N/A. RUC approved standard times are placed for minimal staff time for line 36 for this code, since the equipment for this code is not typically housed in the screening lane, and is brought in, set up, taken down, and cleaned, requiring time that is not included in E&M codes.

4. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

To accurately value this code, AOA and AAO performed an informal survey of whether the physician or technician or both acquired the thickness readings. The combined informal survey had 40 respondents. The physician acquired the thickness readings 37% of the time and the technician acquired the readings 63% of the time. The current value of the code is based upon the physician acquiring the readings.

This change in practice represents compelling evidence supporting an increase in staff PE times to reflect the increase in technician work. This shift in workflow is due to a combination of better-trained staff and easier-to-use machines. The newer pachymetry machines are more automated, smaller, and more portable than the older, larger machines, which required more manual input. This change allows the technician to obtain the readings and frees up the physician to do other work during the acquisition of the measurements.

In accordance with this change, we are recommending a decrease in the IST used to determine physician work in the same amount (2 minutes) that we are recommending here for the technician to acquire the measurements.

RUC approved standard times are placed for minimal staff time for line 36 and 61 for this code, since the equipment for this code is not typically housed in the screening lane, and time is required to set up and take down

that are additional to the E&M code time. This extra work is in excess of the typical PE set up and take down required for a typical E&M visit.

The technician brings the pachymeter in from its outside storage location, turns it on, checks to insure that memories are cleared, and cleans the instrument (line 36).

The technician applies a topical anesthetic, positions the patient, and after an appropriate wait time applies the instrument to the surface of the cornea to obtain measurements, which are recorded in the medical record (line 51).

Following the measurement, the technician cleans the instrument, clears the values, turns it off, and carries it back to its storage place so another technician can use it for another patient (line 61).

The test is done in the screening lane with equipment that is stored outside of the screening lane, in order to make it accessible to technicians who require it in other screening lanes when it is available. When this code is being performed, no other patient care may occur in that screening lane.

5. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

6. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Technician anesthetizes the cornea, then positions the patient in the exam chair. After awaiting corneal anesthesia, 5 to 25 measurements of each corneal thickness are taken from the right eye by applying the ultrasound tip to the cornea in axial fashion along the visual axis. If readings are erroneous, fixation is not held, or angle is off the visual axis, they are repeated until accurate results are obtained. The mean reading for the right eye is recorded in the chart, along with the date and time of the recordings. The machine is cleared, and the process is repeated for the left eye.

7. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

9. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

10. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

12. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A. Standard formula was used to calculate, since this is not highly technical equipment.**

13. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

14. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ -**	**$ -**	**$ 1.90**	**$ -**	**$ 1.52**	**$ -**
12		**PRE-SERVICE PERIOD**										
13		**Start: Following visit when decision for surgery or procedure made**										
14	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
15	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
16	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
17	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38			1			
18	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L038A	COMT/COT/RN/CST	0.38						
19	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
20	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
21	CA008	Perform regulatory mandated quality assurance activity (pre-service)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
22				L038A	COMT/COT/RN/CST	0.38						
23				L038A	COMT/COT/RN/CST	0.38						
24				L038A	COMT/COT/RN/CST	0.38						
25		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
26		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
27		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
28		**End: When patient enters office/facility for surgery/procedure**										

	A	B	C	D	E	F	G	H	I	J	K	L
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3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
29		**SERVICE PERIOD**										
30		**Start: When patient enters office/facility for surgery/procedure:**										
31		**Pre-Service (of service period)**										
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	Standard time for this activity is 3 minutes.	L038A	COMT/COT/RN/CST	0.38						
33	CA010	Obtain vital signs	Vital Sign Standards Level 0 (no vital signs taken) = 0 minutes Level 1 (1-3 vitals) = 3 minutes	L038A	COMT/COT/RN/CST	0.38						
34	CA011	Provide education/obtain consent	Include only the additional education/consent activities not included in the pre-service period.	L038A	COMT/COT/RN/CST	0.38						
35	CA012	Review requisition, assess for special needs	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
36	CA013	Prepare room, equipment and supplies	2 minute standard	L038A	COMT/COT/RN/CST	0.38			2		1	
37	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
38	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the non facility setting only.	L038A	COMT/COT/RN/CST	0.38						
39	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L038A	COMT/COT/RN/CST	0.38						
40	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L038A	COMT/COT/RN/CST	0.38						
41				L038A	COMT/COT/RN/CST	0.38						
42				L038A	COMT/COT/RN/CST	0.38						
43				L038A	COMT/COT/RN/CST	0.38						
44		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
45		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
46		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
47		**Intra-service (of service period)**										
48	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	100% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38						
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	67% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38						
50	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	other% of physician or other qualified healthcare professional intra-service time.	L038A	COMT/COT/RN/CST	0.38						
51	CA021	Perform procedure/service---NOT directly related to physician work time	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38			2		2	
52				L038A	COMT/COT/RN/CST	0.38						
53				L038A	COMT/COT/RN/CST	0.38						
54				L038A	COMT/COT/RN/CST	0.38						

	A	B	C	D	E	F	G	H	I	J	K	L
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3		RUC Collaboration Website										
4	Clinical Activity Code	Meeting Date: Tab: Specialty:	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD										
7		TOTAL CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	5.0	0.0	4.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	1.0	0.0	0.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	4.0	0.0	4.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME		L038A	COMT/COT/RN/CST	0.38	0.0	0.0	0.0	0.0	0.0	0.0
55		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
56		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
57		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
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5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58		**Post-Service (of service period)**										
59	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the standard is 15 minutes of RN/LPN/MTA time per 1 hour of monitoring.	L038A	COMT/COT/RN/CST	0.38						
60	CA023	Monitor patient following procedure/service, no multitasking	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
61	CA024	Clean room/equipment by clinical staff	3 minute standard	L038A	COMT/COT/RN/CST	0.38					1	
62	CA025	Clean scope	Standards For Scope Cleaning --5 minutes for a disposable scope, --10 minutes for a rigid scope, and	L038A	COMT/COT/RN/CST	0.38						
63	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in equipment (based on guidelines) Basic Surgical Instrument Package--10 minutes Medium Surgical Instrument Package--15 minutes	L038A	COMT/COT/RN/CST	0.38						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
66	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L038A	COMT/COT/RN/CST	0.38						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	No standard time. Baseline time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
68	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	Standard time for this activity is 1 minute. For use in imaging services.	L038A	COMT/COT/RN/CST	0.38						
70	CA033	Perform regulatory mandated quality assurance activity (service period)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
72	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes. For non-facility (office) setting use this activity instead of discharge day management activities.	L038A	COMT/COT/RN/CST	0.38						
73	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min) Dischrg mgmt (1.0 x 99238) (enter 12 min) Dischrg mgmt (1.0 x 99239) (enter 15 min)	L038A	COMT/COT/RN/CST	0.38	**n/a**		**n/a**		**n/a**	
74				L038A	COMT/COT/RN/CST	0.38						
75				L038A	COMT/COT/RN/CST	0.38						
76				L038A	COMT/COT/RN/CST	0.38						
77		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
78		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
79		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
80		**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**CPT Code #**		**76514**		**76514**	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
81		**POST-SERVICE PERIOD**										
82		**Start: Patient leaves office/facility**										
83	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments Phone calls/emails/texts need to be fully justified, as the post op e/m codes already contain time for phone calls/emails/texts and adding any additional phone calls/emails/texts would be duplicative	L038A	COMT/COT/RN/CST	0.38						
84	CA038	Coordinate post-procedure services	No standard time. Rationale must be included on PE SOR.	L038A	COMT/COT/RN/CST	0.38						
85		***Office visits: List Number and Level of Office Visits***		**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes		16								
87		99212 27 minutes		27								
88		99213 36 minutes		36								
89		99214 53 minutes		53								
90		99215 63 minutes		63								
91	CA039	Post-operative visits (total time)		L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
92				L038A	COMT/COT/RN/CST	0.38						
93				L038A	COMT/COT/RN/CST	0.38						
94				L038A	COMT/COT/RN/CST	0.38						
95		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
96		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
97		*Other activity: please include short clinical description here and type new in column A*		L038A	COMT/COT/RN/CST	0.38						
98		**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet						REFERENCE CODE		CURRENT		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.*					CPT Code #		76514		76514	
3		***RUC Collaboration Website***					CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
4	**Clinical Activity Code**	**Meeting Date:** **Tab:** **Specialty:**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**5.0**	**0.0**	**4.0**	**0.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L038A**	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**							
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
101	SA050	pack, ophthalmology visit (no dilation)		1.185	pack							
102												
103												
104												
105												
106												
107		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
109	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ -**	**$ -**	**$ 0.08**	**$ -**	**$ 0.42**	**$ -**
111	EQ248	ultrasonic biometry, pachymeter		3945		0.015630864			5		4	
112	EL006	lane, screening (oph)		7		0.089395054					4	
113												
114												
115												
116												
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

October 2016

Ophthalmic Ultrasound

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management (E/M) services and services reviewed since CY 2010. CPT code 76512 was identified via this screen and codes 76510 and 76511 were added for review as part of this family of services.

The specialty societies indicated a scheduling conflict for the American Society of Retina Specialists (ASRS) to be able to survey for the April 2016 RUC meeting. The RUC inquired about the delay and learned that ASRS had a meeting conflict which would have prohibited their involvement in the survey process. The RUC agreed that it was important for the appropriate specialties to be involved and that the delay would not impact the ability of the RUC to value the codes within the current cycle. Therefore, the RUC agreed that these services be surveyed for the October 2016 RUC meeting.

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
The RUC reviewed the survey data from 66 ophthalmologists and optometrists for CPT coded 76510 and determined that a work RVU of 0.70, which is between the median and 25th% of the survey results, appropriately accounts for the work required to perform this service . The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 15 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit. The RUC noted that the median work RVU was too high given the decrease in intra-service time. The RUC recommends directly crosswalking CPT code 76510 to 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU=0.70, intra-service time of 15 minutes) as both services require the same physician work and intra-service time of 15 minutes.

The RUC compared the surveyed service to reference service 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU = 0.50 and 10 minutes intra-service time) and agreed that the surveyed service is more intense and complex on all measures examined, requires more physician work and time, thus is appropriately valued higher. The RUC also compared this service to 76770

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Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete (work RVU=0.74, intra-service time of 11 minutes) and 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU = 0.76, intra-service time of 10 minutes) and determined that these services are similar and support the recommended value for 76510.**The RUC recommends a work RVU of 0.70 for CPT code 76510.**

76511 Ophthalmic ultrasound, diagnostic; quantitative A-scan only
The RUC reviewed the survey data from 36 ophthalmology physicians and optometric providers and determined that the survey 25th percentile work RVU of 0.64 appropriately accounts for the work required to perform this service. RUC discussed that the median survey response was too high given the 5 minute decrease in intra-service time. The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 10 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit.

To validate a work RVU of 0.64, the RUC compared the survey code to top key reference code 92002 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (work RVU = 0.88 and 15 minutes intra-service time) and noted that the survey code has lower intra-service time, and the survey respondents indicated that the survey code is somewhat more to much more intense to perform, further justifying this valuation. The RUC compared the surveyed service to reference service 92100 *Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)* (work RVU = 0.61 and 20 minutes intra-service time) and agreed that the surveyed service is more intense as indicated by 84% of the survey respondents and this appropriately valued slightly higher. The RUC also compared the surveyed code to MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU=0.65, intra-service time of 5.5 minutes) and similar service 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (work RVU=0.69, intra-service time of 10 minutes). **The RUC recommends a work RVU of 0.64 for CPT code 76511.**

76512 Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
The RUC reviewed the survey data from 94 ophthalmology physicians and optometric providers and determined that the survey 25th percentile work RVU of 0.56 appropriately accounts for the work required to perform this service. RUC discussed that the median survey value was too high given the 5 minute decrease in intra-service time. The RUC recommends the following physician time: pre-service time of 3 minutes, intra-service time of 11 minutes, and immediate post-service time of 2 minutes. The RUC noted that the specialty society appropriately decreased in the pre-service and immediate post-service time since this service is typically performed with an Evaluation and Management (E/M) visit. The

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RUC compared the surveyed service to MPC codes 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (work RVU=0.65, intra-service time of 5.5 minutes) and 88112 *Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal* (work RVU = 0.56 and 15 minutes intra-service time) and determined that these services all require similar physician work and support the recommended value. For additional support, the RUC referenced similar service 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (work RVU=0.69, intra-service time of 10 minutes). **The RUC recommends a work RVU of 0.56 for CPT code 76512.**

Practice Expense:
The RUC reviewed and accepted the direct PE inputs as modified by the Practice Expense Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76510 (f)	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	XXX	0.70
76511 (f)	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	XXX	0.64
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	XXX	0.56

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76510 Tracking Number Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is found to have a mass in the temporal retina and is referred for diagnositc ultrasound evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Study all retinal photographs, retinal drawings, scans, and fluorescein angiograms. Assess the referring physician's clinical impression. Calibrate ultrasound A and B probes. Place patient in supine position on examination table. Anesthetize patient's cornea. Apply ultrasound gel to the cornea/sclera.

Description of Intra-Service Work: Place the B-scan probe on the cornea/sclera and localize the lesion. Take multiple views in all quadrants. Document any shadowing and reflected patterns. Evaluate the shape, internal nature of the mass, and document possible scleral extension. Evaluate and document the presence and nature of vitreous cells and overlying retinal detachment. Obtain multiple images and perform clinical correlation. Remove the B-scan probe and irrigate the patient's cornea and lid to remove the ultrasound gel. Place a scleral shell with tubing on the patient's globe between the lids, fill the shell with coupling fluid, then place an A-scan probe in the shell with the beam passing perpendicularly through the lesion. Examine multiple images in all quadrants to determine diameter, elevation, and nature of internal reflectivity. Determine possible breach of Bruch's membrane and retinal or scleral extension. Document appropriate views during the scan. Integrate ultrasound findings with clinical presentation and formulate clinical diagnosis. Clean and dry the eyelids.

Description of Post-Service Work: Provide lubricants and instruct the patient to call if symptoms of corneal irritation occur. Review results with the patient and/or family. Review the images and provide a report for the referring physician, which includes interpretation, possible diagnoses, and recommendations for additional diagnostic studies.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	David Glasser, M.D. AAO, John Thompson, M.D. ASRS		
Specialty(s):	Ophthalmology		
CPT Code:	76510		
Sample Size:	1019	**Resp N:** 66	**Response:** 6.4 %
Description of Sample:	A random sample of members were pull from the AAO, Retina Socitey and ASRS databases		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**25.00**	56.00	1000.00
Survey RVW:	0.39	0.65	**0.98**	1.44	2.95
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76510	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	981,043

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	9,045,179

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99224	XXX	0.76	**RUC Time**

CPT Descriptor Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 37.8 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76510	Top Key Reference CPT Code: 92014	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	2.00	5.00	3.00
Median Intra-Service Time	15.00	24.00	10.00
Median Immediate Post-service Time	2.00	8.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**37.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.44	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	1.08

Urgency of medical decision making	1.08	1.62
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.36	1.38
Physical effort required	0.92	1.15
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.20	1.38
Outcome depends on the skill and judgment of physician	1.48	1.31
Estimated risk of malpractice suit with poor outcome	1.52	1.38
INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.24	1.46

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76510 *Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter* is part of a family of codes associated with 76512, which was identified by CMS as a high expenditure XXX procedure. CPT 76510 combines the imaging performed in 76511 and 76512. It was last reviewed by the RUC in 2004.

A random survey of AAO and ASRS members had 66 respondents, 97% of whom found the vignette typical. The median WRVU was 0.98 and the 25th percentile was 0.65. Median IST was 15 minutes. The current value of the code is 1.55 WRVU. The primary reference service, chosen by 38%, was 92014, *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (RUC February 2007) with a WRVU of 1.42 and 24 minutes IST. The second reference service, chosen by 20%, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination …* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the type of work performed with 76510. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 15 minutes is half of the current time of 30 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 7 minutes to 2 minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. **We recommend a WRVU of 0.76, between the survey's 25th percentile and median.**

This value is supported by MPC code 99231 *Subsequent hospital care… straightforward or of low complexity* (RUC February 2006) with 0.76 WRVU, an IST of 10 minutes and total time of 20 minutes. The value is also supported by CPT code 76770, *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete* (RUC October 2013) with 0.74 WRVU and CPT code 99224, *Subsequent observation care, per day… straightforward or of low complexity* (RUC June 2009), with 0.76 WRVU. Both of these codes have an IST of 10 minutes and total time of 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmologic exam codes

3.	4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	5.	92002	5	15	5	25	.88	XXX
5.	6.	92004	5	25	10	40	1.82	XXX
6.	7.	92012	5	15	5	25	.92	XXX
7.	8.	92014	5	24	8	37	1.42	XXX
8.	9.	99212	2	10	4	16	.48	XXX
9.	10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 24447
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 22254 Percentage 91.02 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 16,298 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 14836 Percentage 91.02 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76510

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76510	**# of Respondents:**	69
Survey Code Descriptor:	Ophthalmic Ultrasound, diagnostic, B-scan and quantitative A-scan performed during the same patient encounter		

Top Ref Code:	92014	**# of Respondents:**	25	**% of Respondents:**	36.23
Top Ref Code Descriptor:	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is:**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	12%	52%	36%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	4%	48%	44%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	12%	32%	56%
	Urgency of medical decision making	4%	24%	68%
Technical Skill:		0%	12%	88%
Physical Effort:		8%	24%	60%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	24%	76%
	Outcome depends on the skill and judgment of physician	0%	12%	88%
	Estimated risk of malpractice suite with poor outcome	0%	8%	92%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76511 Tracking Number

Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.64**
RUC Recommended RVU: **0.64**

Global Period: XXX

CPT Descriptor: Ophthalmic ultrasound, diagnostic; quantitative A-scan only

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old white male is found to have a mass in the temporal retina and is referred for a diagnostic A-scan to include measurement of the height, internal reflectivity, and dimensions of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 10%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: All retinal photographs, retinal drawings, scans, and fluorescein angiograms are studied. The referring physician's clinical impression is assessed. The ultrasound machine is calibrated. The patient's cornea is anesthetized.

Description of Intra-Service Work: The lesion is inspected. The physician places a scleral shell with tubing on the patient’s globe between the lids, fills the shell with coupling fluid, then places an A-scan probe in the shell with the beam passing perpendicularly through the lesion. Multiple images in all quadrants are examined to determine diameter, elevation, and nature of internal reflectivity. Possible breach of Bruch's membrane and scleral extension is determined. Appropriate views are documented during the scan. Obtain multiple images and perform clinical correlation. Integration of ultrasound findings with clinical presentation is evaluated and clinical diagnosis is formulated. The patient’s eyelids are cleaned and dried.

Description of Post-Service Work: Lubricants are provided and the patient is told to call if symptoms of corneal irritation occur. The results are reviewed with the patient and family. The physician reviews the images and provides a report for the referring physician which includes interpretation, possible diagnoses, and recommendations for further diagnostic studies.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	David Glasser, M.D. AAO, John Thompson, M.D ASRS		
Specialty(s):	Ophthalmology		
CPT Code:	76511		
Sample Size:	1012	**Resp N:** 36	**Response:** 3.5 %
Description of Sample:	A random sample of members were pulled from the AAO, Retina Society and ASRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	5.00	**10.00**	30.00	60.00
Survey RVW:	0.30	0.64	**0.83**	1.03	2.00
Pre-Service Evaluation Time:			**7.50**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76511	**Recommended Physician Work RVU: 0.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92002	XXX	0.88	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92100	XXX	0.61	**RUC Time**

CPT Descriptor Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,118

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	953,791

CPT Descriptor 2 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Other Reference CPT Code	Global	Work RVU	Time Source
77300	XXX	0.62	**RUC Time**

CPT Descriptor Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76511	**Top Key Reference CPT Code:** 92002	**2nd Key Reference CPT Code:** **92100**
Median Pre-Service Time	3.00	5.00	0.00
Median Intra-Service Time	10.00	15.00	20.00
Median Immediate Post-service Time	2.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**25.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.58	1.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	1.17
Urgency of medical decision making	1.42	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.58	1.33

Physical effort required	1.08	0.83
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.08	1.33
Outcome depends on the skill and judgment of physician	1.67	1.50
Estimated risk of malpractice suit with poor outcome	1.50	1.67

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.25	1.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76511 *Ophthalmic ultrasound, diagnostic; quantitative A-scan only* is part of a family of codes associated with 76512, which was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2004.

A random survey of AAO and ASRS members had 36 respondents, 92% of whom found the vignette typical. The median WRVU was 0.83 and the 25th percentile was 0.64. Median IST was 10 minutes. The current value of the code is 0.94 WRVU. The primary reference service, chosen by 33%, was 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with a WRVU of 0.88 and 15 minutes IST. The second reference service, chosen by 17%, was 92100, *Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)* (RUC September 2011) with a WRVU of 0.61 and 20 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the type of work performed with 76511. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes is lower than the current time of 15 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 7.5 minutes to 3s minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. **We recommend a WRVU of 0.64, the survey's 25th percentile.**

This value is supported by MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (RUC April 2002) with 0.65 WRVU, an IST of 5.5 minutes, and total time of 15.5 minutes. It is also supported by CPT code 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (RUC October 2013) with 0.69

WRVU, an IST of 10 minutes and total time of 20 minutes and CPT code 77300, *Basic radiation dosimetry calculation…, only when prescribed by the treating physician* (RUC April 2014) with 0.62 WRVU, and an IST and total times of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	5.	92002	5	15	5	25	.88	XXX
5.	6.	92004	5	25	10	40	1.82	XXX
6.	7.	92012	5	15	5	25	.92	XXX
7.	8.	92014	5	24	8	37	1.42	XXX
8.	9.	99212	2	10	4	16	.48	XXX
9.	10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7869
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation only

Specialty Ophthalmology Frequency 6882 Percentage 87.45 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,246
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 4588 Percentage 87.45 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76511

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76511	**# of Respondents:**	36
Survey Code Descriptor:	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		

Top Ref Code:	92002	**# of Respondents:**	12	**% of Respondents:**	33%
Top Ref Code Descriptor:	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		**Survey Code is: 92002**

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	0%	16.6%	41.7%	41.7%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	8%	42%	50%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	25%	75%
	Urgency of medical decision making	0%	17%	83%
Technical Skill:		0%	8%	92%
Physical Effort:		8%	25%	67%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	33%	67%
	Outcome depends on the skill and judgment of physician	0%	8%	92%
	Estimated risk of malpractice suite with poor outcome	0%	8%	92%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:76512 Tracking Number Original Specialty Recommended RVU: **0.64**
Presented Recommended RVU: **0.56**
Global Period: XXX RUC Recommended RVU: **0.56**

CPT Descriptor: Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male is found to have elevated retina in the temporal posterior segment and is referred for a diagnostic contact B scan.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation
Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Study prior retinal images, retinal drawings, scans, and fluorescein angiograms. Assess referring physician's clinical impression. Calibrate the ultrasound machine. Explain test to patient. Position the patient. Anesthetize patient's cornea and apply ultrasound gel.

Description of Intra-Service Work: Place an ultrasound probe on the lids or directly on the cornea/sclera with the beam passing perpendicularly through the lesion. Examine multiple images in all quadrants to determine diameter, elevation, and nature of internal reflectivity. Evaluate and document the presence and nature of vitreous cells and overlying retinal detachment. Determine possible breach of Bruch's membrane and scleral extension. Document appropriate views during the scan. Obtain multiple images and perform clinical correlation. Irrigate patient's cornea and lid to remove ultrasound gel. Integrate ultrasound findings with clinical presentation and formulate clinical diagnosis.

Description of Post-Service Work: Provide lubricants and instruct the patient to call if symptoms of corneal irritation occur. Review results with the patient and/or family. A report for the referring physician is prepared that includes interpretation, possible diagnoses, and recommendations for additional diagnostic studies if required.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016		
Presenter(s):	David Glasser, M.D AAO, John Thompson, M.D ASRS, Charlie Fitzpatrick, O.D. AOA		
Specialty(s):	Ophthalmology (AAO/ASRS) and Optometry (AOA)		
CPT Code:	76512		
Sample Size:	2012	**Resp N:** 94	**Response:** 4.6 %
Description of Sample:	A random sample of members were pulled from the AAO, ASRS and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	4.00	25.00	**42.00**	60.00	960.00
Survey RVW:	0.35	0.56	**0.95**	1.25	3.00
Pre-Service Evaluation Time:			**5.50**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**11.00**	15.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76512	**Recommended Physician Work RVU: 0.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92002	XXX	0.88	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92014	XXX	1.42	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,118

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	953,791

CPT Descriptor 2 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Other Reference CPT Code	Global	Work RVU	Time Source
76856	XXX	0.69	**RUC Time**

CPT Descriptor Ultrasound, pelvic (nonobstetric), real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 27.6 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 27.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76512	**Top Key Reference CPT Code:** 92002	**2nd Key Reference CPT Code:** **92014**
Median Pre-Service Time	3.00	5.00	5.00
Median Intra-Service Time	11.00	15.00	24.00
Median Immediate Post-service Time	2.00	5.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**25.00**	**37.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.38	0.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.58	0.81
Urgency of medical decision making	1.15	1.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.42	1.42
Physical effort required	0.62	0.77

Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.00	0.85
Outcome depends on the skill and judgment of physician	1.38	1.46
Estimated risk of malpractice suit with poor outcome	1.38	1.19

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.00	1.12

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 76512 *Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)* was identified by CMS as a high expenditure XXX procedure. It was last reviewed by the RUC in 2004.

A random survey of AAO, ASRS and AOA members had 94 respondents, 80% of whom found the vignette typical. The median WRVU was 0.95 and the 25th percentile was 0.56. Median IST was 11 minutes. The current value of the code is 0.94 WRVU. The primary reference service, chosen by 28%, was 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with a WRVU of 0.88 and 15 minutes IST. The second reference service, chosen by 28%, was 92014, *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (RUC February 2007) with a WRVU of 1.42 and 24 minutes IST. The low percentages likely reflect the diverse number of XXX reference codes with similar WRVU values, none of which are particularly similar to the type of work performed with 76512. The intensity and complexity metrics for the surveyed code were higher than those of the reference codes.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 11 minutes is lower than the current time of 15 minutes. We reduced the pre-time to describe the test and review its purpose, risks and benefits with the patient from the survey value of 5.5 minutes to 3 minutes because the procedure is typically done in conjunction with an office visit. Similarly, we reduced the survey post-service time from 10 to 2 minutes. When last reviewed in 2004, the RUC agreed with the specialty society's recommendation that CPT 76511 and 76512 had equivalent intensities and technical skill. We believe that that has not changed. Given the almost identical survey times for 76511 and 76512, we **recommend the same WRVU of 0.64, between the survey's 25th percentile and median.**

This value is supported by MPC code 76815 *Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses* (RUC April 2002) with 0.65 WRVU, an IST of 5.5 minutes, and total time of 15.5 minutes. It is also supported by CPT code 76856 *Ultrasound, pelvic (nonobstetric), real time with image documentation; complete* (RUC October 2013) with 0.69 WRVU, an IST of 10 minutes and total time of 20 minutes and CPT code 77300, *Basic radiation dosimetry calculation…, only when prescribed by the treating physician* (RUC April 2014) with 0.62 WRVU, and an IST and total times of 15 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	4.	92002	5	15	5	25	.88	XXX
5.	5.	92004	5	25	10	40	1.82	XXX
6.	6.	92012	5	15	5	25	.92	XXX
7.	7.	92014	5	24	8	37	1.42	XXX
8.	8.	99212	2	10	4	16	.48	XXX
9.	9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 286813
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 244278 Percentage 85.16 %

Specialty Optometry Frequency 41702 Percentage 14.53 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 191,209 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 162852 Percentage 85.16 %

Specialty Optometry Frequency 27801 Percentage 14.53 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76512

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	76512	**# of Respondents:**	94
Survey Code Descriptor:	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		

Top Ref Code:	92002	**# of Respondents:**	26	**% of Respondents:**	27.7%
Top Ref Code Descriptor:	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient				

		Survey Code Compared to Top Ref Code
Overall Intensity and Complexity:		Survey Code is: 92002

Much Less	Somewhat Less	Identical	Somewhat More	Much More
0%	4%	12%	54%	30%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	19%	19%	62%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	12	23%	65%
	Urgency of medical decision making	0%	15%	85%
Technical Skill:		0%	8%	92%
Physical Effort:		4%	19%	77%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	4%	19%	77%
	Outcome depends on the skill and judgment of physician	0%	15%	85%
	Estimated risk of malpractice suite with poor outcome	0%	12%	88%

SS Rec Summary

ISSUE: Ophthalmic Ultrasound

TAB: 23

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92014	Comprehensive eye exam; established patient		0.047			1.42			37	5					24			8
2nd REF	92083	Visual Field		0.043			0.50			13	3					10			
CURRENT	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		0.000			1.55			30	5					30			10
SVY	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	66	0.040	0.39	0.65	0.98	1.44	2.95	32	7			5	10	15	20	60	10
REC	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		0.039			0.70			20	3					15			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92002	Eye exam; intermediate, new patient		0.044			0.88			25	5					15			5
2nd REF	92100	Serial Tonometry		0.031			0.61			20						20			
CURRENT	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		0.040			0.94			30	5					15			10
SVY	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	36	0.044	0.30	0.64	0.83	1.03	2.00	27.5	7.5			4	10	10	15	30	10
REC	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only		0.053			0.64			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	92002	Eye exam; intermediate, new patient		0.044			0.88			25	5					15			5
2nd REF	92014	Comprehensive eye exam; established patient		0.047			1.42			37	5					24			8
CURRENT	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		0.033			0.94			35	10					15			10
SVY	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	94	0.055	0.35	0.56	0.95	1.25	3.00	26.5	5.5			3	10	11	15	60	10
REC	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)		0.041			0.56			16	3					11			2

Tab 23
Tab Number

Ophthalmic Ultrasound
Issue

76510-76512
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

September 6, 2016
Date

TAB 2-3
Tab Number

OPHTHALMIC ULTRASOUND
Issue

76512
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

CHARLES FITZPATRICK MD
Printed Signature

AOA
Specialty Society

8-27-16
Date

23
Tab Number

OPHTHALMIC ULTRASOUND
Issue

(76510, 76511, 76512)
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

MARK SHIREY, O.D.
Printed Signature

AMERICAN OPTOMETRIC ASSOCIATION
Specialty Society

8-30-2016
Date

Tab 23
Tab Number

Ophthalmic Ultrasound
Issue

76510-76512
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

John T. Thompson, M.D.
Printed Signature

American Society of Retina Specialists
Specialty Society

September 7, 2016
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

Global Period: _XXX_ Meeting Date: _October, 2016_

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current code (76510).

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. Time is required to escort patient from the exam lane into the room with the ophthalmic ultrasound, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the ophthalmic ultrasound, prior to measurements being performed.

- Greet patient, provide gowning, ensure appropriate medical records are available: **1 min**
    - This time is spent with the technician greeting the patient, reviewing the patient records and history, and transporting the patient from the room where the E&M service was performed to the room where the ophthalmic ultrasound is housed.
- Provide pre-service education/obtain consent: **2 min**
    - The patient is informed of this procedure and educated regarding the proper fixation, positioning, and performance in order to obtain accurate readings. This education occurs in the room that houses the ultrasound.
- Prepare room, equipment, supplies: **2 min**

  - This time is spent preparing the new room where the ophthalmic ultrasound is housed, entering patient demographic information into the ultrasound machine, and preparing the scleral shell and coupling solution (typically saline).
- Other Clinical Activity - specify: Calibrate ophthalmic ultrasound machine: **2 min**
  - This time is spent prior to bringing the patient to the room, in order to ensure that the ophthalmic ultrasound is appropriately calibrated to accurately measure the lesion in question. This code requires both b-scan (EQ247) and quantitative a-scan (EQ246) technology. The a-scan machine (EQ246) must be capable of precision measurements, as the physician's management decisions can depend on small differences in tumor size.
- Prepare and position patient/ monitor patient: **2 min**
  - This time is spent positioning the patient in the chair for the ophthalmic ultrasound. The patient is placed in a supine position, looking up at the ceiling, elevated so the physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instruments are cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
  - This time is spent uploading and ordering photographs from the procedure into the medical record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; quantitative A-scan only

Global Period: _XXX_ Meeting Date: _October, 2016_

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current code (76511).

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. Time is required to escort patient from the exam lane into the room with the ophthalmic ultrasound, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the ophthalmic ultrasound, prior to measurements being performed.

- Greet patient, provide gowning, ensure appropriate medical records are available: **1 min**
    - This time is spent with the technician greeting the patient, reviewing the patient records and history, and transporting the patient from the room where the E&M service was performed to the room where the ophthalmic ultrasound is housed.
- Provide pre-service education/obtain consent: **2 min**
    - The patient is informed of this procedure and educated regarding the proper fixation, positioning, and performance in order to obtain accurate readings. This education occurs in the room that houses the ultrasound.
- Prepare room, equipment, supplies: **2 min**

  - This time is spent preparing the new room where the ophthalmic ultrasound is housed, entering patient demographic information into the ultrasound machine, and preparing the scleral shell and coupling solution (typically saline).
- Other Clinical Activity - specify: Calibrate ophthalmic ultrasound machine: **2 min**
  - This time is spent prior to bringing the patient to the room, in order to ensure that the ophthalmic ultrasound is appropriately calibrated to accurately measure the lesion in question. This code requires quantitative a-scan (EQ246) technology. The a-scan machine (EQ246) must be capable of precision measurements, as the physician's management decisions can depend on small differences in tumor size.
- Prepare and position patient/ monitor patient: **2 min**
  - This time is spent positioning the patient in the chair for the ophthalmic ultrasound. The patient is placed in a supine position, looking up at the ceiling, elevated so the physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
  - The room and instruments are then cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
  - This time is spent uploading and ordering photographs from the procedure into the medical record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

Global Period: _XXX_ Meeting Date: _October, 2016_

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried many other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current code (76512).

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Please see below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Although this code is typically done in conjunction with an office visit, there is still a significant component of pre-service labor that occurs in addition to standard office visits. Time is required to escort patient from the exam lane into the room with the ophthalmic ultrasound, to calibrate the machine in its separate room, and to provide pre-service education and consent. In addition to these activities, time is taken to position the patient properly at the ophthalmic ultrasound, prior to measurements being performed.

Pre-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: **1 min**
    - This time is spent with the technician greeting the patient, reviewing the patient records and history, and transporting the patient from the room where the E&M service was performed to the room where the ophthalmic ultrasound is housed.
- Provide pre-service education/obtain consent: **2 min**
    - The patient is informed of this procedure and educated regarding the proper fixation, positioning, and performance in order to obtain accurate readings. This education occurs in the room that houses the ultrasound.
- Prepare room, equipment, supplies: **2 min**
    - This time is spent preparing the new room where the ophthalmic ultrasound is housed, and entering patient demographic information into the ultrasound machine.

- Other Clinical Activity - specify: Calibrate ophthalmic ultrasound machine: **2 min**
    - This time is spent prior to bringing the patient to the room, in order to ensure that the ophthalmic ultrasound is appropriately calibrated to accurately measure the lesion in question.
- Prepare and position patient/ monitor patient: **2 min**
    - This time is spent positioning the patient in the chair for the ophthalmic ultrasound. The patient is placed in a supine position, looking up at the ceiling, elevated so the physician can perform the test.

Intra-Service Clinical Labor Activities:

- Although typical practice used to be combined physician and technician work with the physician performing the test while the technician actively assists, and although the technician still is involved in a large number of practices, the actual performance of the test is now typically done just by the physician.

Post-Service Clinical Labor Activities:

- Cleanup: **3 min**
    - The room and instruments are cleaned and closed.
- Label & file photos/slides w/ patient chart: **3 min**
    - This time is spent uploading and ordering photographs from the procedure into the medical record.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76510**		**76510**		**76511**		**76511**	
3	**Meeting Date: 10/2016 Tab: 23; Ophthalmic Ultrasound Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
6	**TOTAL CLINICAL LABOR TIME**			**43.0**	**0.0**	**15.0**	**0.0**	**32.0**	**0.0**	**15.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**5.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**38.0**	**0.0**	**15.0**	**0.0**	**27.0**	**0.0**	**15.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/RN	**5**				**5**			
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed										
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist										
19	Other Clinical Activity - *specify:*										
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COT/RN	**3**		**1**		**3**		**1**	
24	Obtain vital signs	L038A	COMT/COT/RN	**3**				**3**			
25	Provide pre-service education/obtain consent	L038A	COMT/COT/RN	**3**		**2**		**3**		**2**	
26	Prepare room, equipment, supplies	L038A	COMT/COT/RN	**3**		**2**		**2**		**2**	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/RN/CST			**2**				**2**	
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify: calibrate ophthalmic ultrasound machine	L038A	COMT/COT/RN/CST			**2**				**2**	
31	Other Clinical Activity - specify: review charts	L038A	COMT/COT/RN	**3**				**3**			
32	**Intra-service**										
33	Perform test	L038A	COMT/COT/RN	**20**				**10**			
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
37	Clean room/equipment by physician staff	L038A	COMT/COT/RN	**3**		**3**		**3**		**3**	
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports										
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page										
44	Review examination with interpreting MD										
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76510**		**76510**		**76511**		**76511**	
3	**Meeting Date: 10/2016** **Tab: 23; Ophthalmic Ultrasound** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter		Ophthalmic ultrasound, diagnostic; quantitative A-scan only		Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
46	Other Clinical Activity - *specify: • Label & file photos/slides w/ patient chart*	L038A	COMT/COT/RN/CST			**3**				**3**	
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**										
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions										
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	99211 16 minutes		16								
56	99212 27 minutes		27								
57	99213 36 minutes		36								
58	99214 53 minutes		53								
59	99215 63 minutes		63								
60	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
61	Other Clinical Activity - *specify:*										
62	**End: with last office visit before end of global period**										
63	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
64	pack, ophthalmology visit (no dilation)	SA050	pack	**1**				**1**			
65	Goniosol 2.5% ophth	SH037	mL	**10**		**10**		**5**		**5**	
66	film, type 667 Polaroid (per exposure)	SK032	item	**20**				**10**			
67	**scleral shell tubing kit**	(NEW)	item			**1**				**1**	
68											
69	**EQUIPMENT**	**CODE**									
70	ultrasonic biometry, B-scan	EQ247		**38**		**30**					
71	ultrasonic biometry, A-scan, quantitative	EQ246		**38**		**30**		**27**		**25**	
72	lane, screening (oph)	EL006		**38**				**27**			
73	chair with headrest, exam, reclining	EF008				**30**				**25**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

External Extended ECG Monitoring – Tab 18

In September 2019, the CPT Editorial Panel replaced four Category III codes with eight new Category I codes to report external electrocardiographic (ECG) recording by continuous rhythm recording and storage for periods longer than 48 hours. The existing Holter monitor codes (93224-93227) that include up to 48 hours of continuous recording were also reviewed as part of this family of services.

Holter Monitors – Up to 48 Hours

93227 ***External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional***
The RUC reviewed the survey results from 72 cardiologists and cardiac electrophysiologists and recommends the survey 25th percentile work RVU of 0.39 for CPT code 93227, the professional interpretation component only code. The RUC recommends 2 minutes pre-service evaluation time, 8 minutes intra-service time and 5 minutes immediate post-service time.

The discussion of this code started with a broader discussion of the entire family of codes. The work for external electrocardiographic recording begins when the technician sets up the patient with the monitor, explains how to use the monitor and educates the patient on how to use the accompanying diary. The patient is instructed to return to the office 24-48 hours later to remove the device. At that time, the technician scans the data, tabulates the frequencies of arrythmias, noting any abnormalities, and creates a preliminary report for the physician to review. The technician work is not included in this professional component only code, CPT code 93227. The work captured in CPT code 93227 includes the physician reviewing the logged diaries, preliminary report and providing the final interpretation and report.

The RUC discussed what has changed for this service since its last RUC review in 2010. The specialty societies indicated that no significant change in the work of interpreting the results of 24-48-hour Holter monitoring has occurred, but that the monitoring technology has improved and the data somewhat easier to review. Therefore, the explanation for the decrease in survey physician time is unclear. The specialty did point out that data received for the 24-48 hour codes compared to the up to 7 days or 14 days is not linear. The data from these different reporting periods reflects different indications, tabulating heart rates and ventricular beats. The data for the shorter up to 48 hour monitoring may have similar data as with the 7-14 day monitors but the frequency of events is generally higher. The extended monitors are normally used for patients with less frequent symptoms, therefore the physician must extend the duration to capture these events.

The RUC compared 93227 to the top two key reference services and determined that 93018 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only* (work RVU = 0.30, 5 minutes intra-service time and 11 minutes total time) requires less physician work and time to complete and 93298

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Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional (work RVU = 0.52, 7 minutes intra-service time and 17 minutes total time) requires the same physician time and intensity to perform. For additional support, the RUC referenced MPC codes 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32) and 92250 *Fundus photography with interpretation and report* (work RVU = 0.40) and comparable code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU = 0.40). **The RUC recommends a work RVU of 0.39 for CPT code 93227.**

93224 ***External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional***
The specialty society indicated, and the RUC agreed, that the physician work for this composite code (the sum of 93225, 93226 and 93227) should be the same as the professional interpretation component only code 93227. The RUC recommends 2 minutes pre-service evaluation time, 8 minutes intra-service time and 5 minutes immediate post-service time. **The RUC recommends a work RVU of 0.39 for CPT code 93224.**

93225 ***External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)***
93226 ***External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report***
CPT codes 93225 and 93226 are practice expense only services performed by an electrodiagnostic technologist (L037A) to obtain the recording or provide the scanning analysis with report. CPT code 93225 is typically performed in a physician's office and 93226 is typically performed in an independent diagnostic testing facility (IDTF). After extensive discussion the PE Subcommittee determined that it is appropriate to remove supply item SA002 *kit, ambulatory Holter* from CPT code 93225 and add this supply to CPT code 93226. Although SA002 is utilized by the technologist in the office, it is typically supplied by the IDTF to the practice rather than separately assembled/purchased by the practice itself. For rhythm clinics that report these services globally, the ambulatory Holter kit and Holter monitor would be included in CPT code 93224. Similarly, the equipment time of 1,474 minutes for equipment item, EQ127 *Holter monitor* is appropriately allocated to CPT code 93226 because the IDTF owns the Holter monitor. The equipment time is calculated by summing the default formula for clinical staff time allocated to CPT code 93225 plus the time the monitor is in use by the patient. This includes the clinical staff activities to connect and disconnect the Holter (34 minutes) and adding 1,440 minutes to reflect a typical 24-hours of time the device is worn by the patient for recording. Although both codes indicate that recording can be up to 48 hours and the specialty recommended an average of 1.5 days, the PE Subcommittee determined that it is not appropriate to use an average, but rather the typical. For example, if a patient did return with the Holter monitor after 1.5 days, it would be the in middle of the night. Ultimately it was determined that 24 hours is the typical amount of time that the device is worn by the patient.

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Long-Term Continuous Recorders
48 Hours – Up to 7 Days

93244 ***External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation***
The RUC reviewed the survey results from 72 cardiologists and cardiac electrophysiologists and recommends the survey 25th percentile work RVU of 0.50 for CPT code 93244, the professional interpretation component only code. The RUC recommends 5 minutes pre-service evaluation time, 10 minutes intra-service time and 5 minutes immediate post-service time.

The technology for this external electrocardiographic recording is quite different than the Holter monitor. For these longer recording devices, the patient wears one small patch with two electrodes. The device is placed by the technician in the physician office and the patient is educated on the use of the device and the log diary. However, the patient does not return to the physician office to have the device removed. Rather, the device is returned directly to the device manufacturer who then scans the device. The IDTF has technicians who scan the data and create a preliminary report that is sent to the physician. The technician clinical staff work is not included in this professional component only code, CPT code 93244. The physician work captured in CPT code 93244 includes the physician reviewing the preliminary report and interpreting a final report.

The RUC compared 93244 to the top two key reference services and determined that 93298 *Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU = 0.52, 7 minutes intra-service time and 17 minutes total time) requires similar physician work and time to complete and 93016 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report* (work RVU = 0.45, 15 minutes intra-service time and 19 minutes total time) requires similar physician time and intensity to perform. For additional support, the RUC referenced MPC code 76519 *Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation* (work RVU = 0.54, 10 minutes intra-service time and 22 minutes total time). **The RUC recommends a work RVU of 0.50 for CPT code 93244.**

93241 ***External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation***
The specialty society indicated, and the RUC agreed, that the physician work for this composite code (the sum of 93242, 93243 and 93244) should be the same as the professional interpretation component only code 93244. The RUC recommends 5 minutes pre-service evaluation time, 10 minutes intra-service time and 5 minutes immediate post-service time. **The RUC recommends a work RVU of 0.50 for CPT code 93241.**

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93242 ***External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)***
93243 ***External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report***
CPT codes 93242 and 93243 are practice expense only services utilizing new technology supply item, *extended external ECG patch, medical magnetic tape recorder (ECG patch)*. CPT code 93242 is performed by an electrodiagnostic technologist (L037A) to obtain the recording and is typically provided in a physician's office and CPT code 93243 is performed by both an electrodiagnostic technologist (L037A) and a cardiovascular technician (L038B) to provide the scanning analysis with report and is typically performed in an IDTF. Although the new supply, *ECG patch,* is applied by clinical staff in the office, it is typically provided by the IDTF to the practice rather than purchased by the practice itself. For rhythm clinics that report globally, the patch would be included in CPT code 93241. The clinical staff work involved in applying the patch in 93242 includes the following: the patch is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry. The device is activated and validated.

The RUC recommends 12 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work. Typically, the patch is removed by the patient themselves and delivered to the IDTF. The clinical staff work involved with scanning analysis with report in 93243 in the IDTF includes the following: An electrodiagnostic tech (L037A) completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and logged for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned. The RUC recommends 24 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work. A second clinical staff type, cardiovascular technician (L038B), completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the cardiovascular technician for every case. After data analysis, the staff generates a report and completes a quality verification before report release. The specialty society consulted with IDTFs that provide the service. The IDTFs informally queried technicians deemed to be efficient by managers and the typical time for scanning analysis and report generation was 76 minutes. The RUC recommends 76 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work.

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The RUC is steadfast in its policy that all information and invoices regarding pricing are only informational and provided with the RUC practice expense recommendations when appropriate for CMS use in determining appropriate pricing. The RUC does not make recommendations about the purchase price of supplies and equipment. Generally, the RUC would not provide information about the cost of supplies and equipment in the RUC recommendations document. However, the RUC is providing clarifying information for this new technology. Because the scanning analysis code (93243) is currently reported by IDTFs directly to Medicare and the patch is provided and not purchased by the physician practice for the recording code (93242), the specialty society was not able to provide a traditional invoice for the *extended external ECG patch, medical magnetic tape recorder*. However, the society did present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and can also be found in the PE SOR for these codes. The specialty society presents this as a reasonable proxy for the various patch technologies that are typically used for 7-day services. In addition, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. The Agency should have the necessary information to parse out appropriate average pricing for the patch used in both the 7-day and the 15-day service based on contractor pricing.

	# Claims	**Weighted Median**
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

The PE Subcommittee also clarified that supply item SA002 *kit, ambulatory Holter* is included in the services that include the *ECG patch*, not because the ECG patch is a Holter, but because services utilizing the patch also require the supplies included in the kit such as gloves, swabs and razors to apply the patch. Finally, equipment item ED021 *computer, desktop, w-monitor* is included for all codes that include scanning analysis with report (93243 and 93241) using the default formula because clinical staff use the computer to perform the data download, analysis, and report generation.

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Long-Term Continuous Recorders
Greater than 7 Days – Up to 15 Days

93248 ***External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation***
The RUC reviewed the survey results from 71 cardiologists and cardiac electrophysiologists and recommends the survey 25th percentile work RVU of 0.55 for CPT code 93248, the professional interpretation component only code. The RUC recommends 5 minutes pre-service evaluation time, 12 minutes intra-service time and 5 minutes immediate post-service time.

The technology for this service is quite different than the Holter monitor. For these longer recording devices, the patient wears one small patch with two electrodes. The device is placed by the technician in the physician office and the patient is educated on the use of the device and the log diary. However, the patient does not return to the physician office to have the device removed. Rather, the device is returned directly to the device manufacturer who then scans the device. The independent diagnostic testing facility (IDTF) has technicians who scan the data and create a preliminary report that is sent to the physician. The physician reviews the preliminary report and interprets a final report. This service requires slightly more physician time and work than 93244, as more data is collected than with the up to 7 days recordings. The physician work captured in CPT code 93248 includes the physician reviewing the preliminary report and interpreting a final report.

The RUC compared 93248 to the top two key reference services and determined that 93298 *Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU = 0.52, 7 minutes intra-service time and 17 minutes total time) and 93297 *Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU = 0.52, 6 minutes intra-service time and 16 minutes total time) require similar physician work and intensity to perform. For additional support, the RUC referenced MPC codes 76519 *Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation* (work RVU = 0.54, 10 minutes intra-service time and 22 minutes total time) and 76830 *Ultrasound, transvaginal* (work RVU = 0.69, 10 minutes intra-service time and 23 minutes total time). **The RUC recommends a work RVU of 0.55 for CPT code 93248.**

93245 ***External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation***
The specialty society indicated, and the RUC agreed that the physician work for this composite code (the sum of 93246, 93247 and 93248) should be the same as the professional interpretation component only code 93248. The RUC recommends 5 minutes pre-service evaluation time, 12 minutes intra-service time and 5 minutes immediate post-service time. **The RUC recommends a work RVU of 0.55 for CPT code 93245.**

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93246 ***External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)***
93247 ***External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report***
CPT codes 93246 and 93247 are practice expense only services utilizing new technology supply item, *extended external ECG patch, medical magnetic tape recorder (ECG patch)*. CPT code 93246 is performed by a electrodiagnostic technologist (L037A) to obtain the recording and is typically provided in a physician's office and 93247 is performed by both a electrodiagnostic technologist (L037A) and a cardiovascular technician (L038B) to provide the scanning analysis with report and is typically performed in an IDTF. Although the new supply, *ECG patch,* is applied by clinical staff in the office, it is typically provided by the IDTF to the practice rather than purchased by the practice. For rhythm clinics that report globally, the patch would be included in CPT code 93245. The clinical staff work involved in applying the patch in 93246 includes the following: The patch is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry. The device is activated and validated. The RUC recommends 12 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work. Typically, the patch is removed by the patient themselves and delivered to the IDTF. The clinical staff work involved with scanning analysis with report in 93247 in the IDTF includes the following: An electrodiagnostic tech (L037A) completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of the extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and logged for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned.

The RUC recommends 24 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work. A second clinical staff type, cardiovascular technician (L038B), completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the cardiovascular technician for every case. After data analysis, the staff generates a report and completes a quality verification before report release. The specialty society consulted with IDTFs that provide the service. The IDTFs informally queried technicians deemed to be efficient by managers and the typical time for scanning analysis and report generation was 104 minutes. The RUC recommends 104 minutes allocated to CA021, *perform procedure/service---NOT directly related to physician work time* for this work.

The RUC is steadfast in its policy that all information and invoices regarding pricing are only informational and provided with the RUC practice expense recommendations when appropriate for CMS' use in determining appropriate pricing. The RUC does not make recommendations about the purchase price of supplies and equipment. Generally, the RUC would not provide information about the cost of supplies and equipment in this document; however, the RUC is providing some clarifying information for this new technology. Because, the scanning analysis code (93247) is

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currently reported by IDTFs directly to Medicare and the patch is provided and not purchased by the physician practice for the recording code (93246), the specialty society was not able to provide a traditional invoice for the *extended external ECG patch, medical magnetic tape recorder*. However, the society did present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and can also be found in the PE SOR for these codes. The specialty society presents this as a reasonable proxy for the various patch technologies that are typically used for 7-day services. In addition, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. The Agency should have the necessary information to parse out appropriate average pricing for the patch used in both the 7-day and the 15-day service based on contractor pricing.

	# Claims	**Weighted Median**
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

The PE Subcommittee also clarified that supply item SA002 *kit, ambulatory Holter* is included in the services that include the *ECG patch*, not because the ECG patch is a Holter, but because services utilizing the patch also require the supplies included in the kit such as gloves, swabs and razors to apply the patch. Finally, equipment item ED021 *computer, desktop, w-monitor* is included for all codes that include scanning analysis with report (93247 and 93245) using the default formula because clinical staff use the computer to perform the data download, analysis, and report generation.

Practice Expense

The Practice Expense Subcommittee made minor adjustments to supply items for gloves and alcohol wipes. The Subcommittee meticulously reviewed the equipment minutes to ensure they were correct. Such as, how long the equipment was in use and that the owner of the equipment received the correct equipment minutes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

New Technology/New Service
The RUC recommends that 93241-93248 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular **Cardiovascular Monitoring Services** Cardiovascular monitoring services are diagnostic medical procedures using in-person and remote technology to assess cardiovascular rhythm (ECG) data. Holter monitors (93224-93227) include up to 48 hours of continuous recording. Mobile cardiac telemetry monitors (93228, 93229) have the capability of transmitting a tracing at any time, always have internal ECG analysis algorithms designed to detect major arrhythmias, and transmit to an attended surveillance center. Event monitors (93268-93272) record segments of ECGs with recording initiation triggered either by patient activation or by an internal automatic, pre-programmed detection algorithm (or both) and transmit the recorded electrocardiographic data when requested (but cannot transmit immediately based upon the patient or algorithmic activation rhythm) and require attended surveillance. Long-term continuous recorders (93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248) continuously record and store for greater than 48 hours and up to 7 days or for greater than 7 days up to 15 days. ***Attended surveillance:*** *is the immediate availability of a remote technician to respond to rhythm or device alert transmissions from a patient, either from an implanted or wearable monitoring or therapy device, as they are generated and transmitted to the remote surveillance location or center.* ***Electrocardiographic rhythm derived elements:*** *elements derived from recordings of the electrical activation of the heart including, but not limited to heart rhythm, rate, ST analysis, heart rate variability, T-wave alternans.* **Long-term continuous recorders:** Continuously record the electrocardiographic rhythm from a device applied to the patient. The entire record of data collected analyzed and annotated rhythm derived elements including frequency, duration and symptom rhythm correlation. The processing center technician reviews the data and notifies the physician or other qualified health care professional depending on the prescribed criteria. An initial findings report is generated for physician review and final interpretation. ***Mobile cardiovascular telemetry (MCT):*** *Continuously records the electrocardiographic rhythm ...*				
(f) 93224	T1	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording,	XXX	0.39

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		scanning analysis with report, review and interpretation by a physician or other qualified health care professional		
(f) 93225	T2	recording (includes connection, recording, and disconnection)	XXX	0.00 (PE Only)
(f) 93226	T3	scanning analysis with report	XXX	0.00 (PE Only)
(f) 93227	T4	review and interpretation by a physician or other qualified health care professional (For less than 12 hours of continuous recording, use modifier 52) (For greater than 48 hours of monitoring, see ~~Category III codes 0295T-0298T~~ 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248)	XXX	0.39
●93241	T5	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	XXX	0.50
●93242	T6	recording (includes connection and initial recording)	XXX	0.00 (PE Only)
●93243	T7	scanning analysis with report	XXX	0.00 (PE Only)
●93244	T8	review and interpretation (Do not report 93241, 93242, 93243, 93244 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93268, 93270, 93271, 93272, 93245, 93246, 93247, 93248, 99091, 99453, 99454, 0497T, 0498T, for the same monitoring period)	XXX	0.50

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●93245	T9	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	XXX	0.55
●93246	T10	recording (includes connection and initial recording)	XXX	0.00 (PE Only)
●93247	T11	scanning analysis with report	XXX	0.00 (PE Only)
●93248	T12	review and interpretation (Do not report 93245, 93246, 93247, 93248 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93268, 93270, 93271, 93272, 93241, 93242, 93243, 93244, 99091, 99453, 99454, 0497T, 0498T, for the same monitoring period)	XXX	0.55
Category III Codes				
~~**D**0295T~~	-	~~External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation~~	XXX	N/A
~~**D**0296T~~	-	~~recording (includes connection and initial recording)~~	XXX	N/A
~~**D**0297T~~	-	~~scanning analysis with report~~	XXX	N/A
~~**D**0298T~~	-	~~review and interpretation~~ ~~(Do not report 0295T-0298T in conjunction with 93224-93272 for the same monitoring period)~~ (0295T, 0296T, 0297T, 0298T have been deleted)	XXX	N/A

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		(For greater than 48 hours of monitoring of external electrocardiographic recording, see 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248)		

0497T *External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection*

0498T *review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event*

(Do not report 0497T, 0498T in conjunction with 93040, 93041, 93042, 93228, 93229, 93268, 93271, 93272~~, 0295T, 0296T, 0297T, 0298T~~)

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December 17, 2019

Peter Smith, MD, Chair
AMA/RVS Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 19, Extended External ECG Monitoring

Dear Dr. Smith:

The family of extended ECG codes is relatively unique in that there are three different component codes and one composite code for each period of time. For instance, for monitoring up to 48 hours, 93225 is a recording code that is PE only, 93226 is a scanning analysis code that is PE only, 93227 is the professional interpretation code, and 93224 is a composite code that is the sum of the other three codes. This format replicates for monitoring greater than 48 hours to 7 days (93241-93244) and then again for monitoring 8-15 days (93245-93248).

93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional*

93225 *recording (includes connection, recording, and disconnection)*

93226 *scanning analysis with report*

93227 *review and interpretation by a physician or other qualified health care professional*

(For less than 12 hours of continuous recording, use modifier 52)
(For greater than 48 hours of monitoring, see 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248)

93241 *External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

93242 *recording (includes connection and initial recording)*

93243 *scanning analysis with report*

93244 *review and interpretation*

(Do not report 93241, 93242, 93243, 93244 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93268, 93270, 93271, 93272, 93245, 93246,

93247, 93248, 99091, 99453, 99454, 0497T, 0498T, for the same monitoring period)

93245 *External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

93246 *recording (includes connection and initial recording)*

93247 *scanning analysis with report*

93248 *review and interpretation*

(Do not report 93245, 93246, 93247, 93248 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93268, 93270, 93271, 93272, 93241, 93242, 93243, 93244, 99091, 99453, 99454, 0497T, 0498T, for the same monitoring period)

For purposes of this review, the societies surveyed professional component codes 93227, 93244, and 93248. We developed PE recommendations for 93225, 93226, 93242, 93243, 93246, and 93247. These recommendations for work and practice expense correlate to the global codes, 93224, 93241, and 93245, and are replicated accordingly.

Thank you for the opportunity to explain this uncommon, but precedented, approach. We look forward to presenting these recommendations at the upcoming RUC meeting. Please contact Claudia Vasquez at cvasquez@acc.org if you have any questions.

Sincerely,

Richard Wright, MD
ACC Advisor

Mark Schoenfeld, MD
HRS Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93227 Tracking Number T4 Original Specialty Recommended RVU: **0.39**
Presented Recommended RVU: **0.39**
Global Period: XXX Current Work RVU: **0.52** RUC Recommended RVU: **0.39**

CPT Descriptor: External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 82-year-old female without known structural heart disease, and a ten-year history of permanent asymptomatic atrial fibrillation with controlled ventricular response, presents to the physician's office with daily episodes of near-syncope for the past week.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior patient records are reviewed to inform interpretation.

Description of Intra-Service Work: The reports created by the technician are reviewed and a final summary report is created. The physician reviewes each 24 hour summary including: 1) heart rate trends, (minimum, maximum, average) during waking and sleep hours, 2) tabular summary of supraventricular and ventricular ectopy, 3) any arrhythmias flagged by the technician, 4) any pauses and/or bradyarrhythmias, and 5) events symptoms by the patient in the diary and the correlative ECG recordings to determine if an arrhythmia was present at the time of symptoms.

Description of Post-Service Work: Creation of final summary report. Depending on the results of the report, the physician may recommend whether the patient requires (a) additional pharmacologic therapy; (b) additional outpatient follow-up; (c) inpatient hospitalization and/or urgent clinical intervention; or (d) additional extended ECG monitoring. Send compiled report to medical records department for filing and/or scanning. Findings of the report are communicated directly to the patient and to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Richard Wright, MD; Edward Tuohy, MD; Mark Schoenfeld, MD; David Slotwiner, MD; Christopher Liu, MD					
Specialty Society(ies):	ACC. HRS					
CPT Code:	93227					
Sample Size:	1496	**Resp N:**	72			
Description of Sample:	Random ACC general cardiology members, random HRS members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	7.00	20.00	
Survey RVW:	0.25	0.39	**0.52**	0.74	2.00	
Pre-Service Evaluation Time:			**2.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	0.00	5.00	**8.00**	12.00	45.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93227	**Recommended Physician Work RVU: 0.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93018	XXX	0.30	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93298	XXX	0.52	**RUC Time**

CPT Descriptor Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	30,431

CPT Descriptor 1 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.40	**RUC Time**	3,299,984

CPT Descriptor 2 Fundus photography with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
92082	XXX	0.40	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 23.6 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 93227	Top Key Reference CPT Code: 93018	2nd Key Reference CPT Code: **93298**
Median Pre-Service Time	2.00	2.00	5.00
Median Intra-Service Time	8.00	5.00	7.00
Median Immediate Post-service Time	5.00	4.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**11.00**	**17.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	71%	24%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	76%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	82%	12%
Physical effort required	29%	71%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	71%	12%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	31%	25%	38%	25%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	38%	38%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	75%	6%
Physical effort required	19%	69%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	75%	13%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In September 2019, a code change application was approved transitioning CPT codes 0295T-0298T from Category III to Category I codes. Since the original publication of these codes in 2013, a new category of continuous cardiac monitoring devices has been developed that has miniaturized recording devices, making them less obtrusive and possible for patients to wear for >48 hours. Thus, an additional set of codes has been developed, which defines a longer wear time (greater than 48 hours up to 7 days, and greater than 7 days up to 15 days of monitoring). The type of monitor prescribed by the physician is selected based upon the indication for monitoring and the anticipated frequency of the patient's symptoms. As noted in the

vignette, a 24-48 hour monitor is typically selected when assessing ventricular rates during atrial fibrillation, or evaluating a patient with symptoms that consistently occur multiple times within a 24-48 hour period. Extended monitors are prescribed when evaluating for possible occult paroxysmal atrial fibrillation as a source of embolus and cause of stroke, or when evaluating a patient with a suspected arrhythmia that occurs infrequently. For the short, medium, and long periods of time there is a professional code, a recording code, a scanning analysis code, and a global code—three component codes that may be billed by different providers or at different times, and one composite code. This SOR is for the professional code of the short period monitoring code.

The 24-48 hour Holter monitor technology remains unchanged from previous work descriptions, while the extended (>48 hour) monitors depend upon miniaturization and new technology. As a result, the practice and patient workflows are different. The 24-48 hour Holter monitors consist of a combined recording/power supply unit which is about the size of a digital camera and connected to multiple electrodes positioned on the patients precordium. The practice workflow begins with a technician educating the applying the unit to the patient (prepping the skin, connecting the electrodes, starting the recording) and educating the patient on the use of the device and patient diary. The patient is then instructed to return either 24 or 48 hours later at which time the device and electrodes are removed. A technician then scans the recording to create a preliminary report. This report is then sent to the physician who reviews and interprets the data and creates a final report. The physician review and interpretation are the work of this code.

HRS and ACC randomly surveyed general cardiologists and electrophysiologists, as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93018 for cardiovascular stress test with continuous electrocardiographic monitoring and interpretation report. It was selected by 24% of respondents. Over 70% of these respondents indicated 93227 was virtually identical. The second reference code was 93298 for interrogation device evaluation(s), (remote) up to 30 days. It was selected by 22% of respondents. Nearly 40% of these respondents also indicated that 93227was fairly identical.

For additional comparison purposes, the societies identified MPC code 92250 for fundus photography with interpretation and report. This code has 2 minutes more intraservice time and 3 minutes less total time. This MPC code also has a higher IWPUT at 0.0355, vs. the recommended 0.029 for 93227.

Therefore, for code 93227 the societies **recommend the survey 25th percentile work RVU of 0.39 with 2 minutes preservice time, 8 minutes intraservice time from the survey median and 5 minutes postservice time**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93227

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 621000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double Medicare estimation below.

Specialty Cardiology Frequency 426000 Percentage 68.59 %

Specialty Electrophysiology Frequency 60000 Percentage 9.66 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 310,648 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fee for service utilization from RUC Database from 2018. This services has been steady to modestly declining in recent years.We expect that trend to continue as some services shift to newer codes/technology.

Specialty Cardiology Frequency 213000 Percentage 68.56 %

Specialty Electrophysiology Frequency 30000 Percentage 9.65 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
EKG monitoring

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93227

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93244 Tracking Number T8 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.50**

CPT Descriptor: External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male with known structural heart disease, and a 10-year history of asymptomatic atrial fibrillation with controlled ventricular response presents with frequent near-syncope episodes for the past month. It is elected to proceed with a mid-term (greater than 48 hours up to 7 days) external electrocardiographic recording.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior patient records are reviewed to understand the ordering physician's rational for obtaining the test and to guide prioritization of data obtained during the monitoring period.

Description of Intra-Service Work: The reports created by the technician are reviewed and a final summary report is created. The physician reviewes each of the seven 24-hour summaries including: 1) heart rate trends, (minimum, maximum, average) during waking and sleep hours, 2) tabular summary of supraventricular and ventricular ectopy, 3) any arrhythmias flagged by the technician, 4) any pauses and/or bradyarrhythmias, and 5) events symptoms by the patient in the diary and the correlative ECG recordings to determine if an arrhythmia was present at the time of symptoms.

Description of Post-Service Work: Creation of final summary report. Depending on the results of the report, the physician may recommend whether the patient requires (a) additional pharmacologic therapy; (b) additional outpatient follow-up; (c) inpatient hospitalization and/or urgent clinical intervention; or (d) additional extended ECG monitoring. Send compiled report to medical records department for filing and/or scanning. Findings of the report are communicated directly to the patient and to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Richard Wright, MD; Edward Tuohy, MD; Mark Schoenfeld, MD; David Slotwiner, MD; Christopher Liu, MD					
Specialty Society(ies):	ACC, HRS					
CPT Code:	93244					
Sample Size:	1496	**Resp N:**	72			
Description of Sample:	Random ACC general cardiology members, random HRS electrophysiologist members					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	72.00	1000.00
Survey RVW:	0.27	0.50	**0.63**	0.90	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	6.00	**10.00**	15.00	50.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93244	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93298	XXX	0.52	**RUC Time**

CPT Descriptor Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93016	XXX	0.45	**RUC Time**

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	XXX	0.39	**RUC Time**	224,544

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76519	000	0.54	**RUC Time**	218,076

CPT Descriptor 2 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 27.7 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 9.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 93244	Top Key Reference CPT Code: 93298	2nd Key Reference CPT Code: **93016**
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	10.00	7.00	15.00
Median Immediate Post-service Time	5.00	5.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**17.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	15%	75%	5%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	65%	15%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	80%	10%
Physical effort required	0%	95%	5%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	80%	10%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	57%	29%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	57%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	86%	0%
Physical effort required	43%	57%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	43%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In September 2019, a code change application was approved transitioning CPT codes 0295T-0298T from Category III to Category I codes. Since the original publication of these codes in 2013, a new category of continuous cardiac monitoring devices has been developed that has miniaturized recording devices, making them less obtrusive and possible for patients to wear for >48 hours. Thus, an additional set of codes has been developed, which defines a longer wear time (greater than 48 hours up to 7 days, and greater than 7 days up to 15 days of monitoring. The type of monitor prescribed by the physician is selected based upon the indication for monitoring and the anticipated frequency of the patient's symptoms. A 24-48 hour

monitor is typically selected when assessing ventricular rates during atrial fibrillation, or evaluating a patient with symptoms that consistently occur multiple times within a 24-48 hour period. Extended monitors are prescribed when evaluating for a possible arrhythmia as a cause of syncope or for possible occult paroxysmal atrial fibrillation as a source of embolus and cause of stroke. For the short, medium, and long periods of time there is a professional code, a recording code, a scanning analysis code, and a global code—three component codes that may be billed by different providers or at different times, and one composite code. This SOR is for the professional code of the short period monitoring code.

The extended ECG monitors with wear times >48 hours differ from traditional Holter monitors in that each is a self-contained patch with 2 built-in electrodes, one at either end, and a computer and power source contained within the patch. Hookup is therefore different, and at the conclusion of the monitoring period the patient returns the unit by mail to the manufacturer's cardiovascular monitoring center (rather than returning to the office to have the equipment removed). The monitoring center's technicians then review the recorded data, flagging any abnormal findings and tabulating frequencies and durations of any arrhythmias noted. An initial report is created from this analysis and sent to the ordering physician for review and final interpretation. The physician review and interpretation are the work of this code.

HRS and ACC randomly surveyed general cardiologists and electrophysiologists, as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93298 for interrogation device evaluation. It was selected by 28% of respondents. 75% of these respondents indicate 93244 was virtually identical. The second reference code was 93016 for cardiovascular stress test. It was selected by 10% of respondents. 57% of these respondents also indicated that 93244 was virtually identical.

For additional comparison purposes, the societies identified MPC code 76519 for echo exam of the eye. This code has the same intraservice time, 10 minutes, and 2 minutes more total time. The IWPUT for 76519 is 0.0271, just below the recommended 0.028 for 93244.

Therefore, for code 93244 the societies **recommend the survey 25th percentile work RVU of 0.50 with 5 minutes preservice time, 10 minutes intraservice time from the survey median and 5 minutes postservice time**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0298T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 205000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double Medicare estimation below.

Specialty Cardiology Frequency 134000 Percentage 65.36 %

Specialty Electrophysiology Frequency 30000 Percentage 14.63 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 102,576 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fee for service utilization from RUC Database from 2018 for 0298T. Adoption of this technology is expected to follow an upward trend. This estimate is half of Cat. III 0298T code w/ 50% growth to allow for Cat. I adoption and patient population growth. Currently both 93244 and 93248 would be reported by 0298T.

Specialty Cardiology Frequency 67000 Percentage 65.31 %

Specialty Electrophysiology Frequency 15000 Percentage 14.62 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
EKG monitoring

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93227

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93248 Tracking Number T12 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.55**

CPT Descriptor: external electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 68-year-old female with a prior transient neurologic ischemic episode. it is elected to proceed with a long-term (greater than 7 days up to 15 days) external electrocardiographic recording to evaluate for possible paroxysmal atrial fibrillation

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Prior patient records are reviewed to understand the ordering physician's rational for obtaining the test and to guide prioritization of data obtained during the monitoring period.

Description of Intra-Service Work: The reports created by the technician are reviewed and a final summary report is created. The physician reviewes each of the 14 24-hour summaries including: 1) heart rate trends, (minimum, maximum, average) during waking and sleep hours, 2) tabular summary of supraventricular and ventricular ectopy, 3) any arrhythmias flagged by the technician, 4) any pauses and/or bradyarrhythmias, and 5) events symptoms by the patient in the diary and the correlative ECG recordings to determine if an arrhythmia was present at the time of symptoms.

Description of Post-Service Work: Creation of final summary report. Depending on the results of the report, the physician may recommend whether the patient requires (a) additional pharmacologic therapy; (b) additional outpatient follow-up; (c) inpatient hospitalization and/or urgent clinical intervention; or (d) additional extended ECG monitoring. Send compiled report to medical records department for filing and/or scanning. Findings of the report are communicated directly to the patient and to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Richard Wright, MD; Edward Tuohy, MD; Mark Schoenfeld, MD; David Slotwiner, MD; Christopher Liu, MD					
Specialty Society(ies):	ACC. HRS					
CPT Code:	93248					
Sample Size:	1496	**Resp N:**	71			
Description of Sample:	Random ACC general cardiology members, random HRS members					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	13.00	**50.00**	100.00	2000.00	
Survey RVW:	0.28	0.55	**0.75**	1.00	2.10	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	8.00	**12.00**	20.00	60.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93248	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93298	XXX	0.52	**RUC Time**

CPT Descriptor Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93297	XXX	0.52	**RUC Time**

CPT Descriptor Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76519	XXX	0.54	**RUC Time**	218,076

CPT Descriptor 1 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	440,820

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 21.1 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 93248	Top Key Reference CPT Code: 93298	2nd Key Reference CPT Code: **93297**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	12.00	7.00	6.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**17.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	87%	13%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	73%	20%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	13%	80%	7%
Physical effort required	7%	80%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	80%	13%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	10%	20%	20%	30%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	30%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	60%	20%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	50%	30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In September 2019, a code change application was approved transitioning CPT codes 0295T-0298T from Category III to Category I codes. Since the original publication of these codes in 2013, a new category of continuous cardiac monitoring devices has been developed that has miniaturized recording devices, making them less obtrusive and possible for patients to wear for >48 hours. Thus, an additional set of codes has been developed, which defines a longer wear time (greater than 48 hours up to 7 days, and greater than 7 days up to 15 days of monitoring. The type of monitor prescribed by the physician is selected based upon the indication for monitoring and the anticipated frequency of the patient's symptoms. A 24-48 hour

monitor is typically selected when assessing ventricular rates during atrial fibrillation, or evaluating a patient with symptoms that consistently occur multiple times within a 24-48 hour period. Extended monitors are prescribed when evaluating for a possible arrhythmia as a cause of syncope or for possible occult paroxysmal atrial fibrillation as a source of embolus and cause of stroke. For the short, medium, and long periods of time there is a professional code, a recording code, a scanning analysis code, and a global code—three component codes that may be billed by different providers or at different times, and one composite code. This SOR is for the professional code of the short period monitoring code.

The extended ECG monitors with wear times >48 hours differ from traditional Holter monitors in that each is a self-contained patch with 2 built-in electrodes, one at either end, and a computer and power source contained within the patch. Hookup is therefore different, and at the conclusion of the monitoring period the patient returns the unit by mail to the manufacturer's cardiovascular monitoring center (rather than returning to the office to have the equipment removed). The monitoring center's technicians then review the recorded data, flagging any abnormal findings and tabulating frequencies and durations of any arrhythmias noted. An initial report is created from this analysis and sent to the overreading physician for review and final interpretation. The physician review and interpretation are the work of this code.

HRS and ACC randomly surveyed general cardiologists and electrophysiologists, as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93298 for interrogation device e. It was selected by 21% of respondents. Over 85% of these respondents indicate 93248 was virtually identical. The second reference code was 93297 for interrogation device evaluation. It was selected by 14% of respondents. Most of these respondents indicated that 93248 was more intense/complex overall.

For additional comparison purposes, the societies identified MPC code 76830 for transvaginal ultrasound. This code has the same amount of intraservice time, 10 minutes, and 1 minute more total time.

Therefore, for code 93248 the societies **recommend the survey 25th percentile work RVU of 0.55 with 5 minutes preservice time, 12 minutes intraservice time from the survey median and 5 minutes postservice time**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain) These are diagnostic tests that could be done stand-alone or could be done in conjunction with medical visits for care of cardiac patients or older patients.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0298T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Electrophysiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 205000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double Medicare estimation below. Adoption of this technology is expected to follow an upward trend, and we believe this is a fair estimate of the expected use/growth.

Specialty Cardiology Frequency 134000 Percentage 65.36 %

Specialty Electrophysiology Frequency 30000 Percentage 14.63 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 102,576 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fee for service utilization from RUC Database from 2018 for 0298T. Adoption of this technology is expected to follow an upward trend. This estimate is half of Cat. III 0298T code w/ 50% growth to allow for Cat. I adoption and patient population growth. Currently both 93244 and 93248 would be reported by 0298T.

Specialty Cardiology Frequency 67000 Percentage 65.31 %

Specialty Electrophysiology Frequency 15000 Percentage 14.62 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
EKG monitoring

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93227

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Extended ECG Monitoring

TAB: 18

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93018	XXX	Cardiovascular stress test using	17	0.033			0.30			11	2					5			4					
2nd REF	93298	XXX	Interrogation device evaluation(s	16	0.042			0.52			17	5					7			5					
CURRENT	93227	XXX	External electrocardiographic re		0.021			0.52			24		2				15			7					
SVY	93227	XXX	External electrocardiographic re	72	0.040	0.25	0.39	0.52	0.74	2.00	17	4	0	0	0	5	8	12	45	5	0	20	50	102	500
REC	93227	XXX	External electrocardiographic re		0.029			0.39			15	2					8			5					
MPC	71111	XXX	Radiologic examination, ribs, bil		0.039			0.32			9	1					7			1					
MPC	92250	XXX	Fundus photography with interp		0.036			0.40			12	1					10			1					
COMP	92082	XXX	Visual field examination, unilate		0.042			0.40			11	3					8			0					
CURRENT	93224	XXX	External electrocardiographic re		0.021			0.52			24		2				15			7					
REC	93224	XXX	External electrocardiographic re		0.029			0.39			15	2					8			5					

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93298	XXX	Interrogation device evaluation(s	20	0.042			0.52			17	5					7			5					
2nd REF	93016	XXX	Cardiovascular stress test using	7	0.024			0.45			19	2					15			2					
CURRENT	0298T	XXX	External electrocardiographic re																						
SVY	93244	XXX	External electrocardiographic re	72	0.041	0.27	0.50	0.63	0.90	2.00	20	5	0	0	0	6	10	15	50	5	0	5	25	72	1000
REC	93244	XXX	External electrocardiographic re		0.028			0.50			20	5					10			5					
MPC	29540	XXX	Strapping; ankle and/or foot		0.024			0.39			17	5	2				7			3					
MPC	76519	XXX	Ophthalmic biometry by ultrasou		0.027			0.54			22	2					10			10					
CURRENT	0295T	XXX	External electrocardiographic re		#DIV/0!						0														
REC	93241	XXX	External electrocardiographic re		0.028			0.50			20	5					10			5					

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	93298	XXX	Interrogation device evaluation(s	15	0.042			0.52			17	5					7			5					
2nd Ref	93297	XXX	Interrogation device evaluation(s	10	0.049			0.52			16	5					6			5					
CURRENT	0298T	XXX	External electrocardiographic re																						
SVY	93248	XXX	External electrocardiographic re	71	0.044	0.28	0.55	0.75	1.00	2.10	22	5	0	0	1	8	12	20	60	5	0	13	50	100	2000
REC	93248	XXX	External electrocardiographic re		0.027			0.55			22	5					12			5					
MPC	76519	XXX	Ophthalmic biometry by ultrasou		0.027			0.54			22	2					10			10					
MPC	76830	XXX	Ultrasound, transvaginal		0.040			0.69			23	5					10			8					
CURRENT	0295T	XXX	External electrocardiographic re		#DIV/0!						0														
REC	93245	XXX	External electrocardiographic re		0.027			0.55			22	5					12			5					

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; **recording (includes connection, recording, and disconnection)**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93225	An 82-year-old female without known structural heart disease, and a ten-year history of permanent asymptomatic atrial fibrillation with controlled ventricular response, presents to the physician's office with daily episodes of near-syncope for the past week.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   93225 is an existing code.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No. No.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Cardiology. 62%. No/NA

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   -CA001: The existing input of 5 minutes for this activity is appropriate and has been carried forward. Review of diagnostic documents, referral forms, and prior authorization are typical for this service.
   -CA011: The existing input of 5 minutes for this activity is appropriate and has been carried forward for education on use/care of monitor and instructions on when/how to document an event.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

The submitted inputs would produce an aggregate increase for existing code 93224-93227. This is driven by an increase in the time allotted to the Holter monitor itself in scanning/analysis code 93226. A decade ago these services were for up to 24 hours of monitoring. Codes were revised at that time to reflect updated technology and use of monitors for up to 48 hours. However, PE inputs were not revised at that time to reflect increased wear-time. The Subcommittee should consider this *evidence that technology has changed clinical staff time*.

Information from IDTFs and our expert consensus is that monitors are worn for 1.5 days on average. Our recommendation for that increased equipment time is the reason for the overall increase in cost for the family.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the Holter monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol.

Staff attach the device by applying electrodes after skin preparation that includes cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the recorder and lead attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care instructions are reviewed and scheduling of recorder disconnection in 1-2 days is completed.

When the patient returns for recorder disconnect, clinical staff greet the patient, prepare the room, disconnect the device, and clean the room. (We recommend 4 minutes for device disconnect, half of the attachment time, for lead removal, debrief with patient, inspection of electrode sites and equipment.)

   c. Post-service period:

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff attach the device by applying electrodes after skin preparation that includes cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the recorder and lead attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) When the patient returns for recorder disconnect, clinical staff disconnect the device. (We recommend 4 minutes for device disconnect, half of the attachment time, for lead removal, debrief with patient, inspection of electrode sites and equipment.)

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-EQ127: Default formula for the Holter monitor that is in use while the patient is with the clinical staff

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

We recommend the addition of previously mentioned alcohol swabs that are used to clean the electrode site and a pair of non-sterile gloves worn by the tech for hygienic, though not sterile, purposes.

We recommend moving SA002 supply for ambulatory Holter kit from 93225 to 93226. This supply is typically provided by the IDTF to the practice rather than separately assembled/purchased by the practice. For rhythm clinics that bill globally, the kit would still be included under 93224.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

93225 is an existing code and serves as its own appropriate crosswalk.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

-SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

-SB022 on line 119 was increased from 1 to 2 because a second pair of gloves would be necessary for removal of the Holter monitor
-EQ127 on line 126 was reduced to 0 because it would be a cost to the IDTF that owns the Holter

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; **scanning analysis with report**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93226	An 82-year-old female without known structural heart disease, and a ten-year history of permanent asymptomatic atrial fibrillation with controlled ventricular response, presents to the physician's office with daily episodes of near-syncope for the past week.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   93226 is an existing code

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No. No.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   IDTF. 89%. No/NA.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The submitted inputs would produce an aggregate increase for existing code 93224-93227. This is driven by an increase in the time allotted to the Holter monitor itself in scanning/analysis code 93226. A decade ago these services were for up to 24 hours of monitoring. Codes were revised at that time to reflect updated technology and use of monitors for up to 48 hours. However, PE inputs were not revised at that time to reflect increased wear-time. The Subcommittee should consider this *evidence that technology has changed clinical staff time*.

Information from IDTFs and our expert consensus is that monitors are worn for 1.5 days on average. Our recommendation for that increased equipment time is the reason for the overall increase in cost for the family.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

n/a

   b. Service period (includes pre, intra and post):

Clinical staff perform scanning analysis of Holter data.

   c. Post-service period:

n/a

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report.

Consultation with IDTFs that provide the service support the recommendation for 52 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 52 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-EQ127: Other Formula is used to sum the average number of minutes a patient wears the Holter recorder. 36 hours is 2160 minutes. -EQ309: Default formula for the clinical staff to use the Holter analysis system during the service.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

We recommend moving SA002 supply for ambulatory Holter kit from 93225 to 93226. This supply is typically provided by the IDTF to the practice rather than separately assembled/purchased by the practice. For offices with rhythm clinics that bill globally, the kit would still be included under 93224.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

93225 is an existing code and serves as its own appropriate crosswalk.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

-EQ127 on line 126 was reduced to reflect a typical 24-hours of time the device is worn. 34 minutes of time from recording code 93225 was added here because that is a cost that would be born by the IDTF when these codes are billed separately.

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; **review and interpretation** by a physician or other qualified health care professional	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93227	An 82-year-old female without known structural heart disease, and a ten-year history of permanent asymptomatic atrial fibrillation with controlled ventricular response, presents to the physician's office with daily episodes of near-syncope for the past week.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   93227 is an existing code.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No. No.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Cardiology. 62%. No.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The submitted inputs would produce an aggregate increase for existing code 93224-93227. This is driven by an increase in the time allotted to the Holter monitor itself in scanning/analysis code 93226. A decade ago these services were for up to 24 hours of monitoring. Codes were revised at that time to reflect updated technology and use of monitors for up to 48 hours. However, PE inputs were not revised at that time to reflect increased wear-time. The Subcommittee should consider this *evidence that technology has changed clinical staff time*.

Information from IDTFs and our expert consensus is that monitors are worn for 1.5 days on average. Our recommendation for that increased equipment time is the reason for the overall increase in cost for the family.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

n/a

   b. Service period (includes pre, intra and post):

n/a

   c. Post-service period:

n/a

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

n/a

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

n/a

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

We have removed equipment time for the physician to use a Holter analysis system. It would now be typical for staff to print scanning analysis reports and the physician to execute interpretation and reporting using a general PC, not a separate analysis system.

Additionally, as you can see in the current inputs, several different inputs exist for Holter analysis systems. We believe prior PE reviews produced redundant inputs here. EQ128 appears to represent a

scanning analysis system packaged with a recorder, but those are really two different items that would have different equipment times such that EQ128 could be removed. EQ309 that is the Holter analysis system with workstation is the correct piece of equipment that is used by clinical staff.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

n/a

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; **includes recording, scanning analysis with report**, review and interpretation by a physician or other qualified health care professional	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93224	An 82-year-old female without known structural heart disease, and a ten-year history of permanent asymptomatic atrial fibrillation with controlled ventricular response, presents to the physician's office with daily episodes of near-syncope for the past week.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   93224 is an existing code.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No. No.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Cardiology. 69%. No.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   -CA001: The existing input of 5 minutes for this activity is appropriate and has been carried forward. Review of diagnostic documents, referral forms, and prior authorization are typical for this service.
   -CA011: The existing input of 5 minutes for this activity is appropriate and has been carried forward for education on use/care of monitor and instructions on when/how to document an event.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

The submitted inputs would produce an aggregate increase for existing code 93224-93227. This is driven by an increase in the time allotted to the Holter monitor itself. A decade ago these services were for up to 24 hours of monitoring. Codes were revised at that time to reflect updated technology and use of monitors for up to 48 hours. However, PE inputs were not revised at that time to reflect increased wear-time. The Subcommittee could consider this an error in the prior valuation or a change in technology/practice. Information from IDTFs and our expert consensus is that monitors are worn for 1.5 days on average. Our recommendation for that increased equipment time is the reason for the overall increase in cost for the family.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the Holter monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. Staff attach the device by applying electrodes after skin preparation that includes cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the recorder and lead attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care instructions are reviewed and scheduling of recorder disconnection in 1-2 days is completed. When the patient returns for recorder disconnect, clinical staff greet the patient, prepare the room, disconnect the device, and clean the room. (We recommend 4 minutes for device disconnect, half of the attachment time, for lead removal, debrief with patient, inspection of electrode sites and equipment.) Clinical staff perform scanning analysis of Holter data.

   c. Post-service period:

n/a

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff attach the device by applying electrodes after skin preparation that includes cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the recorder and lead attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.)

When the patient returns for recorder disconnect, clinical staff disconnect the device. (We recommend 4 minutes for device disconnect, half of the attachment time, for lead removal, debrief with patient, inspection of electrode sites and equipment.)

Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-EQ127: Default formula for the Holter monitor that is in use while the patient is with the clinical staff. -EQ127: Other Formula is used to sum the average number of minutes a patient wears the Holter monitor. 36 hours is 2160 minutes, plus the time the Holter monitor is in use during recording connection/disconnection. -EQ309: Default formula for the clinical staff to use the Holter analysis system during the service.

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

93224 is composite code of the prior three component codes. Any adjustments made to 93225, 93226, or 93227 should transfer to this code.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

n/a

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

-SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit
-SB022 on line 119 was increased from 1 to 2 because a second pair of gloves would be necessary for removal of the Holter monitor
-EQ127 on line 126 was reduced to reflect a typical 24-hours of time the device is worn plus 34 minutes to setup the device for recording.

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; **recording (includes connection and initial recording)**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93242	A 72-year-old male with known structural heart disease, and a 10-year history of asymptomatic atrial fibrillation with controlled ventricular response presents with frequent near-syncope episodes for the past month. It is elected to proceed with a mid-term (greater than 48 hours up to 7 days) external electrocardiographic recording.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93225 is a similar recording service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be. Should be similar to 93225.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   -CA001: The reference input of 5 minutes for this activity is appropriate and has been carried forward. Review of diagnostic documents, referral forms, and prior authorization are typical for this service.
   -CA011: The reference input of 5 minutes for this activity is appropriate and has been carried forward for education on use/care of monitor and instructions on when/how to document an event.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the patch attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care and use instructions are reviewed.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff greet the patient, obtain consent and educate the patient on use and return of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. The device is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry. The device is activated and validated. The room is cleaned. Home care and use instructions are reviewed.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:
93225

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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-SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; **scanning analysis with report**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93243	A 72-year-old male with known structural heart disease, and a 10-year history of asymptomatic atrial fibrillation with controlled ventricular response presents with frequent near-syncope episodes for the past month. It is elected to proceed with a mid-term (greater than 48 hours up to 7 days) external electrocardiographic recording.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93226 is a similar scanning analysis service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate IDTF to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

   b. Service period (includes pre, intra and post):

A tech processes the incoming patch and materials.

Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report.

Consultation with IDTFs that provide the service support the recommendation for 76 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 76 minutes.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

An electrodiagnostic tech completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of 350Mb of extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and log for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned.

A CV tech completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report and completes a quality verification before report release.

Consultation with IDTFs that provide the service support the recommendation for 76 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 76 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

The scanning analysis code is billed by IDTFs directly to Medicare, so we do not have invoices. Instead we present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and shows a price of $497. Recommended clinical staff and supplies were removed from that to derive a price of $438.94 for the patch.

That same $438.94 price is also applied to this code for extended ECG services up to 7 days. We believe this is a reasonable proxy for the various patch technologies that are typically used for 7-day services. However, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. The Agency should have the necessary information to parse out appropriate average pricing for both the 7-day and the 15-day service based at least to some degree on contractor pricing.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	# Claims	Weighted Median
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **Yes**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

a. Clinical staff use the computer to perform the data download, analysis, and report generation tasks described above.
b. The computer is used at the IDTF exclusively as an integral component for scanning analysis purposes and is necessary for this code.
c. Yes. We understand it is proprietary to device/IDTF and built into price of patch.

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-ED021: default formula for clinical staff to use the dedicated computer station

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:
93226

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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-SB022 on line 119 was reduced to 0 because gloves for removal of the patch are not necessary

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; **review and interpretation**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93244	A 72-year-old male with known structural heart disease, and a 10-year history of asymptomatic atrial fibrillation with controlled ventricular response presents with frequent near-syncope episodes for the past month. It is elected to proceed with a mid-term (greater than 48 hours up to 7 days) external electrocardiographic recording.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93227 is a similar service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

n/a

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

n/a

   b. Service period (includes pre, intra and post):

n/a

   c. Post-service period:

n/a

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

n/a

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:
    n/a

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:
    n/a

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:
    n/a

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; **includes recording, scanning analysis with report**, review and interpretation	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93241	A 72-year-old male with known structural heart disease, and a 10-year history of asymptomatic atrial fibrillation with controlled ventricular response presents with frequent near-syncope episodes for the past month. It is elected to proceed with a mid-term (greater than 48 hours up to 7 days) external electrocardiographic recording.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93224 is a similar service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   -CA001: The reference input of 5 minutes for this activity is appropriate and has been carried forward. Review of diagnostic documents, referral forms, and prior authorization are typical for this service.
   -CA011: The reference input of 5 minutes for this activity is appropriate and has been carried forward for education on use/care of monitor and instructions on when/how to document an event.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. Staff attach the device by applying two adhesive patches after skin preparation that includes abrading the skin and cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the patch attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care and use instructions are reviewed. A tech processes the incoming patch and materials. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report. Consultation with IDTFs that provide the service support the recommendation for 76 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 76 minutes.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff greet the patient, obtain consent and educate the patient on use and return of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol.

The device is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry (as explained in attached instructions). The device is activated and validated. The room is cleaned. Home care and use instructions are reviewed.

An electrodiagnostic tech completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of 350Mb of extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and log for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned.

A CV tech completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report and completes a quality verification before report release.

Consultation with IDTFs that provide the service support the recommendation for 76 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 76 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

The scanning analysis code is billed by IDTFs directly to Medicare, so we do not have invoices. Instead we present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and shows a price of $497. Recommended clinical staff and supplies were removed from that to derive a price of $438.94 for the patch.

That same $438.94 price is also applied to this code for extended ECG services up to 7 days. We believe this is a reasonable proxy for the various patch technologies that are typically used for 7-day services. However, CMS and its contractors have been paying for these services under Category III codes since 2013. They should have the necessary information to parse out appropriate average pricing for both the 7-day and the 15-day service based at least to some degree on contractor pricing.

	# Claims	Weighted Median
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **Yes.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

a. Clinical staff use the computer to perform the data download, analysis, and report generation tasks described above. b. The computer is used at the IDTF exclusively as an integral component for scanning analysis purposes and is necessary for this code. c. Yes. We understand it is proprietary to device/IDTF and built into price of patch.

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-ED021: default formula for clinical staff to use the dedicated computer station

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

93241 is composite code of the prior three component codes. Any adjustments made to 93242, 93243, or 93244 should transfer to this code.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

-SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit -SB022 on line 119 was increased to 2 because gloves for attachment and removal of the patch in the office when billed globally would be necessary

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; **recording** (includes connection and initial recording)	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93246	A 68-year-old female with a prior transient neurologic ischemic episode. It is elected to proceed with a long-term (greater than 7 days up to 15 days) external electrocardiographic recording to evaluate for possible paroxysmal atrial fibrillation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93225 is a similar recording service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   -CA001: The reference input of 5 minutes for this activity is appropriate and has been carried forward. Review of diagnostic documents, referral forms, and prior authorization are typical for this service.
   -CA011: The reference input of 5 minutes for this activity is appropriate and has been carried forward for education on use/care of monitor and instructions on when/how to document an event.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. Staff attach the device by applying electrodes after skin preparation that includes abrading the skin and cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the patch attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care and use instructions are reviewed.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff greet the patient, obtain consent and educate the patient on use and return of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol. The device is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry (as explained in attached instructions). The device is activated and validated. The room is cleaned. Home care and use instructions are reviewed.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:
93225

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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-SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; **scanning analysis with report**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93247	A 68-year-old female with a prior transient neurologic ischemic episode. It is elected to proceed with a long-term (greater than 7 days up to 15 days) external electrocardiographic recording to evaluate for possible paroxysmal atrial fibrillation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93226 is a similar scanning analysis service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate IDTF to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

   b. Service period (includes pre, intra and post):

A tech processes the incoming patch and materials.

Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report.

Consultation with IDTFs that provide the service support the recommendation for 104 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 104 minutes.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

An electrodiagnostic tech completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of 350Mb of extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and log for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned.

A CV tech completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report and completes a quality verification before report release.

Consultation with IDTFs that provide the service support the recommendation for 104 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 104 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

The scanning analysis code is billed by IDTFs directly to Medicare, so we do not have invoices. Instead we present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and shows a price of $497. Recommended clinical staff and supplies were removed from that to derive a price of $438.94 for the patch.

That same $438.94 price is also applied to this code for extended ECG services up to 7 days. We believe this is a reasonable proxy for the various patch technologies that are typically used for 7-day services. However, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. They should have the necessary information to parse out appropriate average pricing for both the 7-day and the 15-day service based at least to some degree on contractor pricing.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	# Claims	Weighted Median
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **Yes.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

a. Clinical staff use the computer to perform the data download, analysis, and report generation tasks described above.
b. The computer is used at the IDTF exclusively as an integral component for scanning analysis purposes and is necessary for this code.
c. Yes. We understand it is proprietary to device/IDTF and built into price of patch.

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-ED021: default formula for clinical staff to use the dedicated computer station

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

93226

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

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-CA021 on line 66 was adjusted from 108 to 104 to correct a typo
-SB022 on line 119 was reduced to 0 because gloves for removal of the patch are not necessary

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; **review and interpretation**	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93248	A 68-year-old female with a prior transient neurologic ischemic episode. It is elected to proceed with a long-term (greater than 7 days up to 15 days) external electrocardiographic recording to evaluate for possible paroxysmal atrial fibrillation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93227 is a similar service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

n/a

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

n/a

   b. Service period (includes pre, intra and post):

n/a

   c. Post-service period:

n/a

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

n/a

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038? **No.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:
    n/a

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:
    n/a

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:
    n/a

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; **includes recording, scanning analysis with report**, review and interpretation	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93245	A 68-year-old female with a prior transient neurologic ischemic episode. It is elected to proceed with a long-term (greater than 7 days up to 15 days) external electrocardiographic recording to evaluate for possible paroxysmal atrial fibrillation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ACC and HRS specialty panel utilized a consensus panel process to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   Existing code 93224 is a similar service used for a shorter period of time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Not expected to be.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Anticipate Cardiology to be dominant.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence*

guidelines) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a. 93241-93248 are new codes for new technology being placed with the existing extended external ECG family of 93224-93227.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Review of diagnostic documents, referral forms, and prior authorization.

   b. Service period (includes pre, intra and post):

Clinical staff greet the patient, obtain consent and educate the patient on use of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol.

Staff attach the device by applying two adhesive patches after skin preparation that includes abrading the skin and cleaning of electrode sites with alcohol pads and waiting for those areas to thoroughly dry. (We recommend application of the patch attachment time of 8 minutes after benchmarking with lead attachment time for a stress test.) The room is cleaned. Home care and use instructions are reviewed.

A tech processes the incoming patch and materials.

Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report.

Consultation with IDTFs that provide the service support the recommendation for 104 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 104 minutes.

   c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Clinical staff greet the patient, obtain consent and educate the patient on use and return of the patch monitor and how to document any events, prepare the room and supplies, and confirm the exam order/protocol.

The device is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry (as explained in attached instructions). The device is activated and validated. The room is cleaned. Home care and use instructions are reviewed.

An electrodiagnostic tech completes initial steps for scanning analysis. Incoming patch deliveries are sorted and distributed to work queues. The return box is opened, diary book removed, top housing is removed using a custom tool to expose USB connection, and device is plugged in to extract serial number and diagnostic logs. Device serial number is compared to the online patient registration; similarly, patient initials are validated against registration data (to ensure both serial number and patient ID). Discrepancies are entered into system for resolution. Diary content/entries are data entered into the patient record, creating a log of noted events and patient identified symptoms. Confirmation is made of readiness of patch recording for uploading. Transfer is initiated of 350Mb of extracted data to upload server and transfer same data to the cloud and initiate algorithm processing. Diagnostic logs and device recording are reviewed. Device circuit board is physically extracted to inspect for physical damage. Circuit board is allocated and log for recycling of components. Other recycled and waste materials are separated into appropriate receptacles. The workspace is cleaned.

A CV tech completes the scanning analysis. Clinical staff review data, rhythms, and beats to identify the various types of abnormalities (blocks, ectopics, AF, tachycardias, etc.) to include in the multiple page reports. These are custom generated by the CV techs for every case. After data analysis, the staff generates a report and completes a quality verification before report release.

Consultation with IDTFs that provide the service support the recommendation for 104 minutes of clinical staff time for this activity. IDTFs informally queried techs deemed to be efficient by managers and the average time for scanning analysis and report generation was 104 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

The scanning analysis code is billed by IDTFs directly to Medicare, so we do not have invoices. Instead we present a method whereby the company/IDTF that is the dominant provider of extended ECG services up-to-15 days summarized a weighted median of services provided 1/1/17-10/31/19. That table is presented below and shows a price of $497. Recommended clinical staff and supplies were removed from that to derive a price of $438.94 for the patch.

That same $438.94 price is also applied to this code for extended ECG services up to 7 days. We believe this is a reasonable proxy for the various patch technologies that are typically used for 7-day services. However, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. They should have the necessary information to parse out appropriate average pricing for both the 7-day and the 15-day service based at least to some degree on contractor pricing.

	# Claims	Weighted Median
Contracted/Commercial	336,281	$525
Contracted/Medicare	37,410	$350
Contracted/Medicaid	2,107	$400
Non-contracted	2,862	$375
Client bill	15,002	$300
Self-pay	18,218	$200
Total	**411,880**	**$497**
Minus 93247 Rec. Inputs		-$58.06
Patch Price		**$438.94**

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038? **Yes.**
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

a. Clinical staff use the computer to perform the data download, analysis, and report generation tasks described above. b. The computer is used at the IDTF exclusively as an integral component for scanning analysis purposes and is necessary for this code. c. Yes. We understand it is proprietary to device/IDTF and built into price of patch.

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

-ED021: default formula for clinical staff to use the dedicated computer station

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

93245 is composite code of the prior three component codes. Any adjustments made to 93246, 93247, or 93248 should transfer to this code.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

-CA021 on line 66 was adjusted from 108 to 104 to correct a typo -SJ053 on line 118 was reduced to 0 because alcohol swabs are part of Holter kit -SB022 on line 119 was increased to 2 because gloves for attachment and removal of the patch in the office when billed globally would be necessary

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 93224-93227, 93241-93248**
SPECIALTY SOCIETY(IES): ACC, HRS
PRESENTER(S): Wright, Slotwiner, Tuohy, Liu, Schoenfeld

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)



	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1																						
2	**RUC Practice Expense Spreadsheet**					**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		
3						**93225**		**93225**		**93226**		**93226**		**93227**		**93227**		**93224**		**93224**		
4		***RUC Collaboration Website***				External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		
5	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																	
6		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
7		**GLOBAL PERIOD**																				
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 23.37**	**$ -**	**$ 17.73**	**$ -**	**$ 34.88**	**$ -**	**$ 39.69**	**$ -**	**$ 1.07**	**$ -**	**$ 0.13**	**$ -**	**$ 59.31**	**$ -**	**$ 57.55**	**$ -**	
9		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**50.0**	**0.0**	**41.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**93.0**	**0.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**42.0**	**0.0**	**36.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**88.0**	**0.0**	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	
13		**TOTAL CLINICAL STAFF TIME**	L038B	Cardiovascular	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
14		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038B	Cardiovascular	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
15		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038B	Cardiovascular	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
16		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038B	Cardiovascular	0.38	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
21		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 18.50**	**$ -**	**$ 15.17**	**$ -**	**$ 19.24**	**$ -**	**$ 19.24**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 37.74**	**$ -**	**$ 34.41**	**$ -**	
22		**PRE-SERVICE PERIOD**																				
23		**Start: Following visit when decision for surgery/procedure made**																				
24	CA001	Complete pre-service diagnostic and referral forms	L037A	Electrodiagno	0.37	5		5										5		5		
25	CA002	Coordinate pre-surgery services (including test results)	L037A	Electrodiagno	0.37																	
26	CA003	Schedule space and equipment in facility	L037A	Electrodiagno	0.37																	
27	CA004	Provide pre-service education/obtain consent	L037A	Electrodiagno	0.37																	
28	CA005	Complete pre-procedure phone calls and prescription	L037A	Electrodiagno	0.37																	
29	CA006	Confirm availability of prior images/studies	L037A	Electrodiagno	0.37																	
30	CA007	Review patient clinical extant information and questionnaire	L037A	Electrodiagno	0.37																	
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037A	Electrodiagno	0.37																	
32			L037A	Electrodiagno	0.37																	
35		*Other activity: please include short clinical description here and type new in*	L037A	Electrodiagno	0.37																	
38		**End: When patient enters office/facility for surgery/procedure**																				
39		**SERVICE PERIOD**																				
40		**Start: When patient enters office/facility for surgery/procedure:**																				
41		**Pre-Service (of service period)**																				
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037A	Electrodiagnostic Technologist	0.37	3		3										3		3		
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037A	Electrodiagnostic Technologist	0.37	3		3										3		3		
44	CA010	Obtain vital signs	L037A		0.37																	
45	CA011	Provide education/obtain consent	L037A	Electrodiagno	0.37	5		5										5		5		
46	CA012	Review requisition, assess for special needs	L037A		0.37																	
47	CA013	Prepare room, equipment and supplies	L037A	Electrodiagnostic Technologist	0.37			2												2		
48	CA013	Prepare room, equipment and supplies	L037A	Electrodiagnostic Technologist	0.37			2												2		
49	CA014	Confirm order, protocol exam	L037A	Electrodiagno	0.37			1												1		
50	CA015	Setup scope (nonfacility setting only)	L037A		0.37																	
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037A		0.37																	
52	CA017	Sedate/apply anesthesia	L037A		0.37																	
59		**Intra-service (of service period)**																				
63	CA021	Perform procedure/service---NOT directly related to physician work time	L037A	Electrodiagno	0.37	22		12		52		52						74		64		
66	CA021	Perform procedure/service---NOT directly related to physician work time	L038B	Cardiovascula	0.38															0		
72		**Post-Service (of service period)**																				
73	CA022	Monitor patient following procedure/service, multitasking 1:4	L037A		0.37																	
74	CA023	Monitor patient following procedure/service, no multitasking	L037A		0.37																	
75	CA024	Clean room/equipment by clinical staff	L037A	Electrodiagnostic Technologist	0.37	3		3										3		3		
76	CA024	Clean room/equipment by clinical staff	L037A	Electrodiagnostic Technologist	0.37	3		3										3		3		
77	CA025	Clean scope	L037A		0.37																	
78	CA026	Clean surgical instrument package	L037A	Electrodiagno	0.37	3		0										3		0		
79	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037A		0.37																	
80	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037A		0.37																	
82	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037A		0.37																	
83	CA031	Review examination with interpreting MD/DO	L037A		0.37																	
84	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037A		0.37																	

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	**RUC Practice Expense Spreadsheet**					**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		
3						**93225**		**93225**		**93226**		**93226**		**93227**		**93227**		**93224**		**93224**		
4		***RUC Collaboration Website***				External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		
5	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	(includes connection,		(includes connection,		analysis with report		analysis with report		interpretation by a		interpretation by a		recording, scanning		recording, scanning		
6		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
7		**GLOBAL PERIOD**																				
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 23.37**	**$ -**	**$ 17.73**	**$ -**	**$ 34.88**	**$ -**	**$ 39.69**	**$ -**	**$ 1.07**	**$ -**	**$ 0.13**	**$ -**	**$ 59.31**	**$ -**	**$ 57.55**	**$ -**	
9		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**50.0**	**0.0**	**41.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**93.0**	**0.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**42.0**	**0.0**	**36.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**88.0**	**0.0**	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	
87	CA035	Review home care instructions, coordinate visits/prescriptions	L037A	Electrodiagno	0.37			2												2		
95		**End: Patient leaves office/facility**																				

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	**RUC Practice Expense Spreadsheet**					**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		**CURRENT (2004)**		**RECOMMENDED**		
3						**93225**		**93225**		**93226**		**93226**		**93227**		**93227**		**93224**		**93224**		
4		***RUC Collaboration Website***				External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		
5	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																	
6		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
7		**GLOBAL PERIOD**																				
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 23.37**	**$ -**	**$ 17.73**	**$ -**	**$ 34.88**	**$ -**	**$ 39.69**	**$ -**	**$ 1.07**	**$ -**	**$ 0.13**	**$ -**	**$ 59.31**	**$ -**	**$ 57.55**	**$ -**	
9		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**50.0**	**0.0**	**41.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**93.0**	**0.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**42.0**	**0.0**	**36.0**	**0.0**	**52.0**	**0.0**	**52.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**88.0**	**0.0**	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.37	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	
96		**POST-SERVICE PERIOD**																				
97		**Start: Patient leaves office/facility**																				
98	CA037	Conduct patient communications	L037A		0.37																	
99	CA038	Coordinate post-procedure services	L037A	Electrodiagno	0.37	3		0										3				
106	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
113		**End: with last office visit before end of global period**																				
114	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																		
115		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.57**	**$ -**	**$ 2.56**	**$ -**	**$ 0.13**	**$ -**	**$ 4.70**	**$ -**	**$ 0.13**	**$ -**	**$ 0.13**	**$ -**	**$ 4.82**	**$ -**	**$ 7.38**	**$ -**	
116	SA002	kit, ambulatory Holter	4.5745	kit		1		0				1						1		1		
117	SK057	paper, laser printing (each sheet)	0.0125	item						10		10		10		10		20		20		
118	SJ053	swab-pad, alcohol	0.0265	item				0												0		
119	SB022	gloves, non-sterile	0.192	pair				2												2		
120	SK062	patient education booklet	2.175	item				1												1		
121	NEW	extended external ECG patch, medical magnetic tape recorder	438.94	item																0		
122		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*																				
124	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																	
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.30**	**$ -**	**$ -**	**$ -**	**$ 15.51**	**$ -**	**$ 15.75**	**$ -**	**$ 0.94**	**$ -**	**$ -**	**$ -**	**$ 16.75**	**$ -**	**$ 15.75**	**$ -**	
126	EQ127	holter monitor	1798.7405	Other Formula	0.007126963	42		0		1440		1474						1482		1474		
127	EQ309	holter analysys system (w-workstation and back-end cost	26044.007	Default	0.100923839					52		52						52		52		
128	EQ126	holter analysys system	8816	Other Formula	0.028454804									10				10		0		
129	EQ128	holter system with one recorder	9670.45	Other Formula	0.031212654									21				21		0		
130	ED021	computer, desktop, w-monitor	1916.6665	Default	0.007594209															0		
131				Default																		
132				Default																		
137																						

	A	B	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP
1			3-7-Day ECG																
2	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		
3			93225		93242		93226		93243		93227		93244		93224		93241		
4		*RUC Collaboration Website*	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning		review and interpretation by a physician or other qualified health care professional		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes		
5	Clinical Activity Code	Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS																	
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
7		GLOBAL PERIOD																	
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 23.37	$ -	$ 12.40	$ -	$ 34.88	$ -	$ 484.41	$ -	$ 1.07	$ -	$ 0.20	$ -	$ 59.31	$ -	$ 497.20	$ -	
9		TOTAL CLINICAL STAFF TIME	50.0	0.0	33.0	0.0	52.0	0.0	24.0	0.0	0.0	0.0	0.0	0.0	102.0	0.0	57.0	0.0	
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0	
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	42.0	0.0	28.0	0.0	52.0	0.0	24.0	0.0	0.0	0.0	0.0	0.0	94.0	0.0	52.0	0.0	
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	
13		TOTAL CLINICAL STAFF TIME	0.0	0.0	33.0	0.0	0.0	0.0	76.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	76.0	0.0	
14		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	28.0	0.0	0.0	0.0	76.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	76.0	0.0	
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
21		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 18.50	$ -	$ 12.21	$ -	$ 19.24	$ -	$ 37.76	$ -	$ -	$ -	$ -	$ -	$ 37.74	$ -	$ 49.97	$ -	
22		PRE-SERVICE PERIOD																	
23		Start: Following visit when decision for surgery/procedure made																	
24	CA001	Complete pre-service diagnostic and referral forms	5		5										5		5		
25	CA002	Coordinate pre-surgery services (including test results)																	
26	CA003	Schedule space and equipment in facility																	
27	CA004	Provide pre-service education/obtain consent																	
28	CA005	Complete pre-procedure phone calls and prescription																	
29	CA006	Confirm availability of prior images/studies																	
30	CA007	Review patient clinical extant information and questionnaire																	
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)																	
32																			
35		*Other activity: please include short clinical description here and type new in*																	
38		End: When patient enters office/facility for surgery/procedure																	
39		SERVICE PERIOD																	
40		Start: When patient enters office/facility for surgery/procedure:																	
41		Pre-Service (of service period)																	
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3										3		3		
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3												3		0		
44	CA010	Obtain vital signs																	
45	CA011	Provide education/obtain consent	5		5										5		5		
46	CA012	Review requisition, assess for special needs																	
47	CA013	Prepare room, equipment and supplies			2												2		
48	CA013	Prepare room, equipment and supplies															0		
49	CA014	Confirm order, protocol exam			1												1		
50	CA015	Setup scope (nonfacility setting only)																	
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																	
52	CA017	Sedate/apply anesthesia																	
59		Intra-service (of service period)																	
63	CA021	Perform procedure/service---NOT directly related to physician work time	22		12		52		24						74		36		
66	CA021	Perform procedure/service---NOT directly related to physician work time							76								76		
72		Post-Service (of service period)																	
73	CA022	Monitor patient following procedure/service, multitasking 1:4																	
74	CA023	Monitor patient following procedure/service, no multitasking																	
75	CA024	Clean room/equipment by clinical staff	3		3										3		3		
76	CA024	Clean room/equipment by clinical staff	3												3		0		
77	CA025	Clean scope																	
78	CA026	Clean surgical instrument package	3		0										3		0		
79	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																	
80	CA028	Review/read post-procedure x-ray, lab and pathology reports																	
82	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																	
83	CA031	Review examination with interpreting MD/DO																	
84	CA032	Scan exam documents into PACS. Complete exam in RIS system to																	

	A	B	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP
2	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		
3			**93225**		**93242**		**93226**		**93243**		**93227**		**93244**		**93224**		**93241**		
4		***RUC Collaboration Website***	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning		review and interpretation by a physician or other qualified health care professional		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes		
5	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**																	
6		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
7		**GLOBAL PERIOD**																	
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 23.37**	**$ -**	**$ 12.40**	**$ -**	**$ 34.88**	**$ -**	**$ 484.41**	**$ -**	**$ 1.07**	**$ -**	**$ 0.20**	**$ -**	**$ 59.31**	**$ -**	**$ 497.20**	**$ -**	
9		**TOTAL CLINICAL STAFF TIME**	**50.0**	**0.0**	**33.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**57.0**	**0.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**28.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**52.0**	**0.0**	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	
87	CA035	Review home care instructions, coordinate visits/prescriptions			2												2		
95		**End: Patient leaves office/facility**																	

	A	B	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP
2	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		
3			**93225**		**93242**		**93226**		**93243**		**93227**		**93244**		**93224**		**93241**		
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5	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 18** **Specialty: ACC, HRS**																	
6		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
7		**GLOBAL PERIOD**																	
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 23.37**	**$ -**	**$ 12.40**	**$ -**	**$ 34.88**	**$ -**	**$ 484.41**	**$ -**	**$ 1.07**	**$ -**	**$ 0.20**	**$ -**	**$ 59.31**	**$ -**	**$ 497.20**	**$ -**	
9		**TOTAL CLINICAL STAFF TIME**	**50.0**	**0.0**	**33.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**57.0**	**0.0**	
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**	
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**28.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**52.0**	**0.0**	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	
96		**POST-SERVICE PERIOD**																	
97		**Start: Patient leaves office/facility**																	
98	CA037	Conduct patient communications																	
99	CA038	Coordinate post-procedure services	3		0										3		0		
106	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
113		**End: with last office visit before end of global period**																	
114	**Supply Code**	**MEDICAL SUPPLIES**																	
115		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4.57**	**$ -**	**$ 0.19**	**$ -**	**$ 0.13**	**$ -**	**$ 445.89**	**$ -**	**$ 0.13**	**$ -**	**$ 0.20**	**$ -**	**$ 4.82**	**$ -**	**$ 446.47**	**$ -**	
116	SA002	kit, ambulatory Holter	1						1						1		1		
117	SK057	paper, laser printing (each sheet)					10		16		10		16		20		32		
118	SJ053	swab-pad, alcohol			0												0		
119	SB022	gloves, non-sterile			1				0								2		
120	SK062	patient education booklet							1								1		
121	NEW	extended external ECG patch, medical magnetic tape recorder							1								1		
122		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*																	
124	**Equipment Code**	**EQUIPMENT**																	
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.30**	**$ -**	**$ -**	**$ -**	**$ 15.51**	**$ -**	**$ 0.76**	**$ -**	**$ 0.94**	**$ -**	**$ -**	**$ -**	**$ 16.75**	**$ -**	**$ 0.76**	**$ -**	
126	EQ127	holter monitor	42				1440								1482		0		
127	EQ309	holter analysys system (w-workstation and back-end cost					52								52		0		
128	EQ126	holter analysys system									10				10		0		
129	EQ128	holter system with one recorder									21				21		0		
130	ED021	computer, desktop, w-monitor							100								100		
131																			
132																			
137																			

	A	B	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1			8-15-Day ECG															
2	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
3			93225		93246		93226		93247		93227		93248		93224		93245	
4		*RUC Collaboration Website*	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning		review and interpretation by a physician or other qualified health care professional		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes	
5	Clinical Activity Code	Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS																
6		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
7		GLOBAL PERIOD																
8		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 23.37	$ -	$ 12.40	$ -	$ 34.88	$ -	$ 495.26	$ -	$ 1.07	$ -	$ 0.20	$ -	$ 59.31	$ -	$ 508.06	$ -
9		TOTAL CLINICAL STAFF TIME	50.0	0.0	33.0	0.0	52.0	0.0	24.0	0.0	0.0	0.0	0.0	0.0	102.0	0.0	57.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	5.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	42.0	0.0	28.0	0.0	52.0	0.0	24.0	0.0	0.0	0.0	0.0	0.0	94.0	0.0	52.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
13		TOTAL CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	104.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	104.0	0.0
14		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	104.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	104.0	0.0
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 18.50	$ -	$ 12.21	$ -	$ 19.24	$ -	$ 48.40	$ -	$ -	$ -	$ -	$ -	$ 37.74	$ -	$ 60.61	$ -
22		PRE-SERVICE PERIOD																
23		Start: Following visit when decision for surgery/procedure made																
24	CA001	Complete pre-service diagnostic and referral forms	5		5										5		5	
25	CA002	Coordinate pre-surgery services (including test results)																
26	CA003	Schedule space and equipment in facility																
27	CA004	Provide pre-service education/obtain consent																
28	CA005	Complete pre-procedure phone calls and prescription																
29	CA006	Confirm availability of prior images/studies																
30	CA007	Review patient clinical extant information and questionnaire																
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)																
32																		
35		*Other activity: please include short clinical description here and type new in*																
38		End: When patient enters office/facility for surgery/procedure																
39		SERVICE PERIOD																
40		Start: When patient enters office/facility for surgery/procedure:																
41		Pre-Service (of service period)																
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3										3		3	
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3												3		0	
44	CA010	Obtain vital signs																
45	CA011	Provide education/obtain consent	5		5										5		5	
46	CA012	Review requisition, assess for special needs																
47	CA013	Prepare room, equipment and supplies			2												2	
48	CA013	Prepare room, equipment and supplies															0	
49	CA014	Confirm order, protocol exam			1												1	
50	CA015	Setup scope (nonfacility setting only)																
51	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																
52	CA017	Sedate/apply anesthesia																
59		Intra-service (of service period)																
63	CA021	Perform procedure/service---NOT directly related to physician work time	22		12		52		24						74		36	
66	CA021	Perform procedure/service---NOT directly related to physician work time							104								104	
72		Post-Service (of service period)																
73	CA022	Monitor patient following procedure/service, multitasking 1:4																
74	CA023	Monitor patient following procedure/service, no multitasking																
75	CA024	Clean room/equipment by clinical staff	3		3										3		3	
76	CA024	Clean room/equipment by clinical staff	3												3		0	
77	CA025	Clean scope																
78	CA026	Clean surgical instrument package	3		0										3		0	
79	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																
80	CA028	Review/read post-procedure x-ray, lab and pathology reports																
82	CA030	Technologist QC's images in PACS, checking for all images, reformats, and																
83	CA031	Review examination with interpreting MD/DO																
84	CA032	Scan exam documents into PACS. Complete exam in RIS system to																

	A	B	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
2	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
3			**93225**		**93246**		**93226**		**93247**		**93227**		**93248**		**93224**		**93245**	
4		***RUC Collaboration Website***	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning		review and interpretation by a physician or other qualified health care professional		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes	
5	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**																
6		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
7		**GLOBAL PERIOD**																
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 23.37**	**$ -**	**$ 12.40**	**$ -**	**$ 34.88**	**$ -**	**$ 495.26**	**$ -**	**$ 1.07**	**$ -**	**$ 0.20**	**$ -**	**$ 59.31**	**$ -**	**$ 508.06**	**$ -**
9		**TOTAL CLINICAL STAFF TIME**	**50.0**	**0.0**	**33.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**57.0**	**0.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**28.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**52.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
87	CA035	Review home care instructions, coordinate visits/prescriptions			2												2	
95		**End: Patient leaves office/facility**																

	A	B	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
2	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
3			93225		93246		93226		93247		93227		93248		93224		93245	
4		***RUC Collaboration Website***	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection,		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning		review and interpretation by a physician or other qualified health care professional		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning		External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes	
5	Clinical Activity Code	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 18 Specialty: ACC, HRS**																
6		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
7		**GLOBAL PERIOD**																
8		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 23.37**	**$ -**	**$ 12.40**	**$ -**	**$ 34.88**	**$ -**	**$ 495.26**	**$ -**	**$ 1.07**	**$ -**	**$ 0.20**	**$ -**	**$ 59.31**	**$ -**	**$ 508.06**	**$ -**
9		**TOTAL CLINICAL STAFF TIME**	**50.0**	**0.0**	**33.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**102.0**	**0.0**	**57.0**	**0.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**28.0**	**0.0**	**52.0**	**0.0**	**24.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**94.0**	**0.0**	**52.0**	**0.0**
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
96		**POST-SERVICE PERIOD**																
97		**Start: Patient leaves office/facility**																
98	CA037	Conduct patient communications																
99	CA038	Coordinate post-procedure services	3		0										3		0	
106	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
113		**End: with last office visit before end of global period**																
114	**Supply Code**	**MEDICAL SUPPLIES**																
115		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4.57**	**$ -**	**$ 0.19**	**$ -**	**$ 0.13**	**$ -**	**$ 445.89**	**$ -**	**$ 0.13**	**$ -**	**$ 0.20**	**$ -**	**$ 4.82**	**$ -**	**$ 446.47**	**$ -**
116	SA002	kit, ambulatory Holter	1						1						1		1	
117	SK057	paper, laser printing (each sheet)					10		16		10		16		20		32	
118	SJ053	swab-pad, alcohol			0												0	
119	SB022	gloves, non-sterile			1				0								2	
120	SK062	patient education booklet							1								1	
121	NEW	extended external ECG patch, medical magnetic tape recorder							1								1	
122		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*																
124	**Equipment Code**	**EQUIPMENT**																
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.30**	**$ -**	**$ -**	**$ -**	**$ 15.51**	**$ -**	**$ 0.97**	**$ -**	**$ 0.94**	**$ -**	**$ -**	**$ -**	**$ 16.75**	**$ -**	**$ 0.97**	**$ -**
126	EQ127	holter monitor	42				1440								1482		0	
127	EQ309	holter analysys system (w-workstation and back-end cost					52								52		0	
128	EQ126	holter analysys system									10				10		0	
129	EQ128	holter system with one recorder									21				21		0	
130	ED021	computer, desktop, w-monitor							128								128	
131																		
132																		
137																		

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2019

January 2020

Prolonged Services – Tab 19

In September 2019, the CPT Editorial Panel added a new table to the CPT introductory language for Prolonged Services that illustrates the elements of all existing and new prolonged care services and how they are to be reported. This clarification was in response to a request of CMS in the July 2019 Proposed Rule for the 2020 Medicare Physician Payment Schedule. CMS also stated that the valuation of CPT codes 99358 and 99359 be reviewed.

In the Final Rule for 2020, CMS indicated:

> Since Medicare began separately paying for CPT codes 99358-99359 in 2017 under the PFS, their PFS utilization has increased more than ten-fold from approximately 10,000 claim lines in 2016 to approximately 126,000 claim lines in 2018. While this remains a small percentage of E/M visit claims, utilization may further increase once all office/outpatient E/M visits can be reported based on time alone and new activities such as documenting clinical information are explicitly counted as qualifying time. We continue to believe that the new CPT prefatory language on these codes is difficult to follow and interpret. For example, it states, "for prolonged time without direct patient contact on the date of office or other outpatient services, use 99XXX. Codes 99358, 99359 may also be used for prolonged services on a date other than the date of a face-to-face encounter." But for CPT code 99XXX it states not to report 99XXX in conjunction with 99358, 99359 which could mean not to report 99358-99359 if 99XXX is reported, even on a separate day. Additionally, CPT would allow reporting at the midpoint of time for CPT codes 99358-99359 but not 99XXX, and these codes have discrepant time increments (one hour for CPT codes 99358-9 reportable after the midpoint, and 15 minutes for CPT code 99XXX not reportable after the midpoint). Under the new CPT framework allowing the use of time to select visit level and the new list of qualifying activities, there is a new Medicare program vulnerability and potential increased beneficiary cost sharing associated with the inability to assess what visit(s) prolonged service codes reported on a date other than the visit are associated with and, accordingly, to assess whether the prolonged time was reasonable and necessary. If more than one visit was furnished (for example, if a beneficiary has an inpatient visit or another outpatient visit by the same practitioner within a wide time range of a given office/outpatient visit), it would not be clear which visit the prolonged time reported under CPT codes 99358-99359 is associated with for evaluating medical necessity and increments of time in relation to the base/companion code.
>
> We continue to believe it would be administratively simpler and improve payment accuracy and program integrity to have only a single add-on code specific to prolonged office/outpatient E/M visits that is clearly linked to the companion E/M office/outpatient visit code. **We believe that under the new coding framework, CPT codes 99358-99359 are potentially misvalued, need to be revised for clarity and present new program integrity challenges**. Therefore, we are finalizing our proposal that CPT codes 99358-99359 will not be payable in association with office/outpatient E/M visits beginning in CY 2021. We will consider future

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changes made to these codes by the CPT Editorial Panel or the RUC for possible future rulemaking. We note that a number of other codes such as CCM, TCM, and other care management codes may be used to report time spent outside the direct patient contact on dates other than the office/outpatient visit, if the reporting requirements for those services are met. While these care management codes are not identical to the prolonged visit codes, they can be used to report a number of similar activities.

In January 2020, no specialty societies indicated an interest to survey these services. The American Academy of Family Physicians indicated that they interpreted the CPT changes as editorial only. In the Final Rule, CMS had ongoing concern and confusion with 99358 and 99359 and their guidelines, even in the wake of the CPT Editorial Panel's action in September 2019. Further, the specialty societies would like to address questions and concerns that CMS has in this regard, so these prolonged services codes may be appropriately used in conjunction with the E/M office visit codes in 2021 and beyond, after needed CPT clarification. The specialty societies recommended that these services be referred to CPT prior to a resurvey of these services.

The RUC discussed this issue and recommends that CPT codes 99358 and 99359 be referred to the May 2020 CPT Editorial Panel to clarify how these services may be reported with other Evaluation and Management (E/M) services.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Prolonged Services** **Prolonged Service With Direct Patient Contact <u>(Except with Office or Other Outpatient Services)</u>** Codes 99354-99357 are used when a physician or other qualified health care professional provides prolonged service(s) involving direct patient contact that is provided beyond the usual service in either the inpatient<u>, observation</u> or outpatient setting<u>, except with office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215)</u>. Direct patient contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session. This service is reported in addition to the primary procedure. ~~(ie, the designated evaluation and management services at any level, code 90837, *Psychotherapy, 60 minutes with patient*, 90847, *Family psychotherapy [conjoint psychotherapy] [with patient present], 50 minutes*), and any other services provided at the same session.~~ Appropriate codes should be selected for supplies provided or other procedures performed in the care of the patient during this period. Codes 99354-99355 are used to report the total duration of face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service in the ~~office or other~~ outpatient setting, even if the time spent by the physician or other qualified health care professional on that date is not continuous. Codes 99356-99357 are used to report the total duration of time spent by a physician or other qualified health care professional at the bedside and on the patient's floor or unit in the hospital or nursing facility on a given date				

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providing prolonged service to a patient, even if the time spent by the physician or other qualified health care professional on that date is not continuous.

Time spent performing separately reported services other than the E/M or psychotherapy service is not counted toward the prolonged services time.

Code 99354 or 99356 is used to report the first hour of prolonged service on a given date, depending on the place of service.

Either code should be used only once per date, even if the time spent by the physician or other qualified health care professional is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported ~~because the work involved is included in the total work of the evaluation and management or psychotherapy codes~~.

Code 99355 or 99357 is used to report each additional 30 minutes beyond the first hour, depending on the place of service. Either code may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

The use of the time-based add-on codes requires that the primary evaluation and management service have a typical or specified time published in the CPT codebook.

For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, use 99415, 99416. Do not report 99354, 99355 with 99415, 99416, 99XXX.

For prolonged total time in the Office or Other Outpatient Services, use 99XXX.

The following table illustrates the correct reporting of prolonged physician or other qualified health care professional service with direct patient contact in the inpatient or observation ~~office~~ setting beyond the usual service time.

Total Duration of Prolonged Services	**Code(s)**
less than 30 minutes	Not reported separately
30-74 minutes (30 minutes - 1 hr. 14 min.)	~~99354~~ 99356 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	~~99354~~ 99356 X 1 AND ~~99355~~ 99357 X 1
105 or more (1 hr. 45 min. or more)	~~99354~~ 99356 X 1 AND ~~99355~~ 99357 X 2 or more for each additional 30 minutes.

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~~*Coding Tip*~~

~~**Reporting Service of Less than 30 Minutes**~~

~~Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes. *CPT Coding Guidelines, Evaluation and Management, Prolonged Physician*~~

★✚▲99354 Prolonged ~~evaluation and management or psychotherapy~~ service(s) ~~(beyond the typical service time of the primary procedure)~~ in the ~~office or other~~ outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for ~~office or other~~ outpatient **Evaluation and Management** or psychotherapy service, except with office or other outpatient services [99202-99215])

(Use 99354 in conjunction with 90837, 90847, ~~99201-99215~~, 99241-99245, 99324-99337, 99341-99350, 99483)

(Do not report 99354 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99415, 99416, 99XXX)

★✚▲99355 each additional 30 minutes (List separately in addition to code for prolonged service)

(Use 99355 in conjunction with 99354)

(Do not report 99355 in conjunction with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99415, 99416, 99XXX)

✚▲99356 Prolonged service(s) in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation **Evaluation and Management** service)

(Use 99356 in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310)

+ 99357 each additional 30 minutes (List separately in addition to code for prolonged service)

(Use 99357 in conjunction with 99356)

Prolonged Service Without Direct Patient Contact

Codes 99358 and 99359 are used when a prolonged service is provided that is neither face-to-face time in the ~~office or~~ outpatient, inpatient, or observation setting, nor additional unit/floor time in the hospital or nursing facility setting. Codes 99358, 99359 may be used during the same session of an evaluation and management service, except office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215). ~~and is beyond the usual physician or other qualified health care professional service time~~. For prolonged time without

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direct patient contact on the date of office or other outpatient services, use 99XXX. Codes 99358, 99359 may also be used for prolonged services on a date other than the date of a face-to face encounter.

This service is to be reported in relation to other physician or other qualified health care professional services, including evaluation and management services at any level. This prolonged service may be reported on a different date than the primary service to which it is related. For example, extensive record review may relate to a previous evaluation and management service performed at an earlier date ~~and commences upon receipt of past records~~. However, it must relate to a service or patient where (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. ~~A typical time for the primary service need not be established within the CPT code set.~~

Codes 99358 and 99359 are used to report the total duration of non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service, even if the time spent by the physician or other qualified health care professional on that date is not continuous. Code 99358 is used to report the first hour of prolonged service on a given date regardless of the place of service. It should be used only once per date.

Code 99358 should not be reported for prolonged service of less than 30 minutes total duration on a given date ~~is not separately reported because the work involved is included in the total work of the evaluation and management or psychotherapy codes~~.

Code 99359 is used to report each additional 30 minutes beyond the first hour ~~regardless of the place of service~~. It may also be used to report the final 15 to 30 minutes of prolonged service on a given date.

Code 99359 should not be reported with 99358 for ~~Prolonged service of~~ less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes of prolonged services ~~is not reported separately~~.

Do not report 99358, 99359 for time ~~spent~~ without direct patient contact reported in other services such as care plan oversight services (99339, 99340, 99374-99380), chronic care management by a physician or other qualified health care professional (99491), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), interprofessional telephone/internet/electronic health record consultations (99446-99452), or on-line *digital* evaluation *and management services* (*99421, 99422, 99423*).

▲99358	U1	Prolonged evaluation and management service before and/or after direct patient care; first hour	XXX	Refer to CPT May 2020
▲99359	U2	each additional 30 minutes (List separately in addition to code for prolonged service) (Use 99359 in conjunction with 99358) (Do not report 99358, 99359 on the same date of service as 99XXX)	ZZZ	Refer to CPT May 2020

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		(Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490, 99491, 99492, 99493, 99494) (Do not report 99358, 99359 when performed during the service time of codes 99495 or 99496, if reporting 99495 or 99496)		

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	Total Duration of Prolonged Services Without Direct Face-to-Face Contact	***Code(s)***	
	less than 30 minutes	*Not reported separately*	
	30-74 minutes (30 minutes - 1 hr. 14 min.)	*99358 X 1*	
	75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	*99358 X 1 AND 99359 X 1*	
	105 or more (1 hr. 45 min. or more)	*99358 X 1 AND 99359 X 2 or more for each additional 30 minutes.*	

Prolonged Clinical Staff Services With Physician or Other Qualified Health Care Professional Supervision

Codes 99415, 99416 are used when a prolonged evaluation and management (E/M) service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description. The physician or qualified health care professional is present to provide direct supervision of the clinical staff. This service is reported in addition to the designated E/M services and any other services provided at the same session as E/M services.

Codes 99415, 99416 are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged service in the office or other outpatient setting, even if the time spent by the clinical staff on that date is not continuous. Time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.

Code 99415 is used to report the first hour of prolonged clinical staff service on a given date. Code 99415 should be used only once per date, even if the time spent by the clinical staff is not continuous on that date. Prolonged service of less than 45 minutes total duration on a given date is not separately reported because the clinical staff time involved is included in the E/M codes. The typical face-to-face time of the primary service is used in defining when prolonged services time begins. For example, prolonged clinical staff services for 99214 begin after 25 minutes, and 99415 is not reported until at least 70 minutes total face-to-face clinical staff time has been performed. When face-to-face time is noncontiguous, use only the face-to-face time provided to the patient by the clinical staff.

Code 99416 is used to report each additional 30 minutes of prolonged clinical staff service beyond the first hour. Code 99416 may also be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

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Codes 99415, 99416 may be reported for no more than two simultaneous patients. The use of the time-based add-on codes requires that the primary E/M service has a typical or specified time published in the CPT code set.

For prolonged services by the physician or other qualified health care professional, ~~use~~ see 99354, 99355, 99XXX. Do not report 99415, ~~or~~ 99416 with 99354, ~~or~~ 99355, 99XXX.

Facilities may not report 99415, 99416.

#+99415 *Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient **Evaluation and Management** service)*

(Use 99415 in conjunction with ~~99201,~~ 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215)

(Do not report 99415 in conjunction with 99354, 99355, 99XXX)

#+99416 *each additional 30 minutes (List separately in addition to code for prolonged service)*

(Use 99416 in conjunction with 99415)

(Do not report 99416 in conjunction with 99354, 99355, 99XXX)

The Total Duration of Prolonged Services Table illustrates the correct reporting of prolonged services provided by clinical staff with physician supervision in the office setting beyond the initial 45 minutes of clinical staff time:

Total Duration of Prolonged Services	***Code(s)***
less than 45 minutes	*Not reported separately*
45-74 minutes *(45 minutes - 1 hr. 14 min.)*	*99415 X 1*
75-104 minutes *(1 hr. 15 min. - 1 hr. 44 min.)*	*99415 X 1 AND 99416 X 1*
105 or more *(1 hr. 45 min. or more)*	*99415 X 1 AND 99416 X 2 or more for each additional 30 minutes.*

Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

Code 99XXX is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services (ie, 99205, 99215). Code 99XXX is only used when the office or other outpatient service has been selected using time alone as the basis and only after the total time of the highest-level service (ie,

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99205 or 99215) has been exceeded. To report a unit of 99XXX, 15 minutes of additional time must have been attained. Do not report 99XXX for any additional time increment of less than 15 minutes.

Time spent performing separately reported services other than the E/M service is not counted toward the time to report 99205, 99215 and prolonged services time.

For prolonged services on a date other than the date of a face-to-face encounter, including office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), see 99358, 99359. For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, see 99415, 99416. Do not report 99XXX in conjunction with 99354, 99355, 99358, 99359, 99415, 99416.

Prolonged services of less than 15 minutes total time on the date of the office or other outpatient service (ie, 99205, 99215) is not reported.

★+●99XXX Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

(Use 99XXX in conjunction with 99205, 99215)

(Do not report 99XXX on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416)

(Do not report 99XXX for any time unit less than 15 minutes)

Total Duration of New Patient Office or Other Outpatient Services (use with 99205)	**Code(s)**
less than 75 minutes	Not reported separately
75-89 minutes	99205 X 1 and 99XXX X 1
90-104 minutes	99205 X 1 and 99XXX X 2
105 or more	99205 X 1 and 99XXX X 3 or more for each additional 15 minutes.

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	Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)	**Code(s)**	
	less than 55 minutes	Not reported separately	
	55-69 minutes	99215 X 1 and 99XXX X 1	
	70-84 minutes	99215 X 1 and 99XXX X 2	
	85 or more	99215 X 1 and 99XXX X 3 or more for each additional 15 minutes.	

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Table XX: Comparison of Prolonged Services Codes 99354, 99355, 99356, 99357, 99XXX, 99358, 99359

Code	~~Face-to-Face or Non-Face-to-Face~~ Patient Contact	Minimum Reportable Prolonged Services Time (Single Date of Service)	Use in Conjunction with	*Do Not Report with	Other Prolonged Service(s) Reportable on Same Date of Service
+99354	Face-to-Face Only	30 minutes (Beyond listed typical time)	90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483	99202-99215, 99415, 99416, 99XXX	99358, 99359
+99355	Face-to-Face Only	Each additional 30 minutes (Beyond 99354)	99354	99202-99215, 99415, 99416, 99XXX	99358, 99359
+99356	Face-to-Face & Unit Time	30 minutes (Beyond listed typical time)	90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310		99358, 99359
+99357	Face-to-Face & Unit Time	Each additional 30 minutes (Beyond 99356)	99356		99358, 99359
+99XXX	Both	Reported with 99205: 75 minutes or more Reported with 99215: 55 minutes or more ***(Total time on the date of encounter)***	99205, 99215	99354, 99355, 99358, 99359, 99415, 99416	N/A
99358	Non-Face-to-Face Only	30 minutes	Must relate to a service where face-to-face care has or will occur.	99202-99215, 99XXX On same date of service	99354, 99356
+99359	Non-Face-to-Face Only	Each additional 30 minutes (beyond 99358)	99358	99202-99215, 99XXX On same date of service	99354, 99356
*Do not count the time of any separately reported service as Prolonged Services time 99355 is for prolonged services time beyond 99354 and may be reported in multiple units 99357 is for prolonged services time beyond 99356 and may be reported in multiple units 99359 is for prolonged services time beyond 99358 and may be reported in multiple units 99XXX is for prolonged services time beyond 99205/99215 and may be reported in multiple units of at least 15 minutes					

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

November 21, 2019

Peter Smith, MD
Chair, Relative Value Scale Update Committee (RUC)
American Medical Association (AMA)
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Smith,

In response to the level of interest (LOI) forms for items to come before the RUC in January 2020, the American Academy of Family (AAFP) responded with no interest (i.e. Level 3) for the prolonged services codes 99358 and 99359. Subsequent emails from AMA RUC staff indicated the specialties whose members provide these services should be prepared to explain why they did not survey the codes for January. This letter provides an explanation for the AAFP's decision not to participate in a survey of these codes for January.

In the proposed rule on the 2020 Medicare physician fee schedule, the Centers for Medicare & Medicaid Services (CMS) stated:

> We are proposing to adopt our interpretation of the revised CPT prefatory language and reporting instructions, that CPT codes 99358–9 (Prolonged E/M without Direct Patient Contact) would no longer be reportable in association or ''conjunction'' with office/outpatient E/M visits. In other words, when using time to select office/outpatient E/M visit level, any additional time spent by the reporting practitioner on a prior or subsequent date of service (such as reviewing medical records or test results) could not count towards the required times for reporting CPT codes 99202–99215 or 99XXX, or be reportable using CPT codes 99358–9. This interpretation would be consistent with the way the office/outpatient E/M visit codes were resurveyed, where the AMA/RUC instructed practitioners to consider all time spent 3 days prior to, or 7 days after, the office/outpatient E/M visit (see below for a discussion of revaluation proposals). Moreover we note that CPT codes 99358–9 describe time spent beyond the ''usual'' time (CPT prefatory language), and it is not clear what would comprise ''usual'' time given the new time ranges for the office/outpatient E/M visit codes and new CPT code 99XXX (prolonged office/outpatient E/M visit). New CPT prefatory language specifies, ''For prolonged services on a date other than the date of a face-to-face encounter, including office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), see 99358, 99359 . . . Do not report 99XXX in conjunction with . . . 99358, 99359''. We do not believe CPT code 99211 should be included in this list of base codes since it will only include clinical staff time. Also given that CPT codes 99358, 99359 can be used to report practitioner time spent on any date (the date of the visit or any other day), the CPT reporting instruction ''see 99358, 99359'' seems circular. The new prefatory language seems unclear regarding whether CPT codes 99358, 99359 could be reported instead of, or in addition to, CPT code 99XXX, and whether the prolonged time would have to be spent on the visit date, within 3 days prior or 7 days after the visit date, or outside of this new 10-day window relevant for the base code. We are seeking public input on this proposal and whether it would be appropriate to interpret the CPT reporting instructions for CPT codes 99358–9 as proposed, as well as how this

> interpretation may impact valuation. We believe CPT codes 99358 and 99359 **may** need to be redefined, resurveyed and revalued. After internal review, we believe that when time is used to select visit level, having one add-on code (CPT code 99XXX) instead of multiple add-on codes for additional time may be administratively simpler and most consistent with our goal of documentation burden reduction. (Emphasis added)

The description of this issue in the New and Revised LOI characterized the CPT action as "Addition of a table that illustrates the elements of all existing and new prolonged care services and how they are to be reported. This **clarification** made at request of CMS in the July 2019 Proposed Rule." (Emphasis added)

We interpreted the Editorial Panel action ("clarification") as an editorial change to address CMS's confusion over when 99358 and 99359 can or cannot be reported in addition to the office/outpatient E/M codes and the new prolonged services code. We did not think the addition of an illustrative table to clarify matters redefined the codes or necessitated a RUC survey.

Beyond that, we noted the following Medicare claims data for these codes in the RUC database:

99358 (2018 total volume: 124,647)
Nurse practitioners: 31.35% (approx. 39,704)
Internal medicine: 14.79% (approx.. 18,345)
Family medicine: 11.32% (approx.. 14,110)

99359 (2018 total volume: 5,813)
Nurse practitioners: 18.34% (approx.. 1,066)
Family medicine: 17.74% (approx.. 1,031)
Internal medicine: 15.53% (approx.. 903)

From our perspective, family physicians are not the primary providers of 99358, and given the relatively small volume of both services provided by family physicians, we thought we were unlikely to find any family physicians that did the services in a random sample of our 72,000 active members.

For these reasons, we chose Level 3 for these codes on the LOI and indicated we thought the CPT action was editorial.

We believe additional justification for not surveying these codes for January is found in the final rule on the 2020 Medicare physician fee schedule. In the final rule, CMS states, "In their public comment, the AMA/RUC noted that CPT codes 99358-99359 are not frequently reported, and recommended that the CPT/RUC Workgroup on E/M should review the issues raised in our proposed rule regarding CPT codes 99358-99359 and ensure that the codes and guidelines are clarified, as needed, prior to any future RUC survey." CMS goes on to state:

> We continue to believe that the new CPT prefatory language on these codes is difficult to follow and interpret. For example, it states, "for prolonged time without direct patient contact on the date of office or other outpatient services, use 99xxx. Codes 99358, 99359 may also be used for prolonged services on a date other than the date of a face-to-face encounter." But for CPT code 99xxx it states not to report 99xxx in conjunction with 99358, 99359 which could mean not to report 99358-99359 if 99xxx is reported, even on a separate day. Additionally, CPT would allow reporting at the midpoint of time for CPT codes 99358-99359 but not 99XXX, and these codes have discrepant time

increments (one hour for CPT codes 99358-9 reportable after the midpoint, and 15 minutes for CPT code 99XXX not reportable after the midpoint).

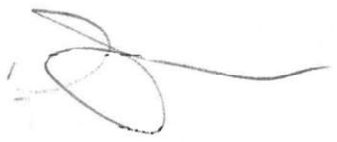
Under the new CPT framework allowing the use of time to select visit level and the new list of qualifying activities, there is a new Medicare program vulnerability and potential increased beneficiary cost sharing associated with the inability to assess what visit(s) prolonged service codes reported on a date other than the visit are associated with and, accordingly, to assess whether the prolonged time was reasonable and necessary. If more than one visit was furnished (for example, if a beneficiary has an inpatient visit or another outpatient visit by the same practitioner within a wide time range of a given office/outpatient visit), it would not be clear which visit the prolonged time reported under CPT codes 99358-99359 is associated with for evaluating medical necessity and increments of time in relation to the base/companion code.

We continue to believe it would be administratively simpler and improve payment accuracy and program integrity to have only a single add-on code specific to prolonged office/outpatient E/M visits that is clearly linked to the companion E/M office/outpatient visit code. We believe that under the new coding framework, CPT codes 99358-99359 are potentially misvalued, need to be revised for clarity and present new program integrity challenges. Therefore, we are finalizing our proposal that CPT codes 99358-99359 will not be payable in association with office/outpatient E/M visits beginning in CY 2021. We will consider future changes made to these codes by the CPT Editorial Panel or the RUC for possible future rulemaking.

As we read the final rule, CMS has ongoing concern and confusion with these codes and their guidelines, even in the wake of the Editorial Panel's action in September. Further, CMS seems to believe codes 99358 and 99359 need to be revised and require "future changes" by the CPT Editorial Panel, which ideally should precede any survey and consideration by the RUC.

Thank you for the opportunity to explain why the AAFP chose not to survey codes 99358 and 99359 for January. I will be happy to speak to this matter at the January 2020 RUC meeting, if needed. If you or AMA RUC staff have any questions or need anything else of the AAFP in this regard in the meantime, please let us know through Mr. Kent Moore at the AAFP, who can be reached by email at kmoore@aafp.org or by phone at (913) 906-6398.

Sincerely,



Megan Adamson, MD
RUC Advisor

Cc: Sherry Smith (AMA)
Kent Moore (AAFP)

January 13, 2020

Peter Smith, MD
Chair, Relative Value Scale Update Committee (RUC)
American Medical Association (AMA)
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Smith,

The undersigned specialty societies write to recommend that the RUC refer codes 99358 and 99359 to the Current Procedural Terminology (CPT) Editorial Panel to further clarify their use vis-à-vis the office/outpatient evaluation and management (E/M) codes when revised versions of the latter are implemented in 2021. The goal is to address questions and concerns the Centers for Medicare & Medicaid Services (CMS) has in this regard, so these prolonged services codes may be appropriately used in conjunction with the office/outpatient E/M codes in 2021 and beyond, after needed CPT clarification.

As the American Academy of Family Physicians noted in its November 21, 2019, letter to you in Tab 19 of the RUC's January 2020 agenda, the final rule on the 2020 Medicare physician fee schedule indicates CMS has ongoing concern and confusion with codes 99358 and 99359 and their guidelines, even in the wake of the CPT Editorial Panel's action in September of 2019. CMS seems to believe codes 99358 and 99359 need to be revised and require "future changes" by the CPT Editorial Panel. For these reasons, we recommend the RUC refer both codes to CPT to address the questions and concerns of CMS.

Thank you for your time and consideration of this recommendation. RUC advisors from among our specialty societies will be prepared to address this issue at the January RUC meeting. If you or RUC staff have any questions or need anything else in this regard in the meantime, please let us know through Kent Moore at the American Academy of Family Physicians, who can be reached by email at kmoore@aafp.org or by phone at (913) 906-6398.

Sincerely,

American Academy of Family Physicians
American College of Physicians
American Nurses Association

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2020

Chronic Care Management Services – Tab 20

In September 2019, the CPT Editorial Panel revised CPT code 99490 to describe the first 20 minutes of clinical staff time and created a new add-on code to describe each additional 20 minutes of clinical staff time for chronic care management (CCM) services. The Panel also revised codes 99487 and 99489 to eliminate the requirement to establish a care plan and revised the chronic care management services guidelines.

During the process of the societies preparing to survey, CMS published its Final Rule for CY2020, which included the creation of several new care management HCPCS codes. These included two codes for principal care management and code G2058, which has a descriptor identical to that of 99439. When these codes were released, the specialty societies decided to submit a code change proposal to CPT for the May 2020 meeting. This proposal would establish new principal care management codes, like those in the Final Rule. Because these new codes would potentially be part of the CCM family, the entire CCM family would need to be surveyed after the codes were approved by CPT. Specifically, assuming the new principal care management codes are approved at the May 2020 CPT meeting, the entire CCM family will need to be surveyed for the October 2020 RUC meeting. Therefore, if the specialty societies surveyed the CCM family for the January 2020 RUC meeting because of new code 99439, the exact same family of codes would need to be surveyed again for the October 2020 RUC meeting.

Since CMS had already established payment for the new codes for CY 2020 (including G2058), the specialty societies met with the Research Subcommittee and requested to make a presentation to the RUC requesting a temporary crosswalk to value 99439 on an interim basis for 2021 before it is surveyed in 2020 as part of the 2022 CPT and Medicare Physician Payment Schedule. The specialty societies also requested to recommend maintaining the current value of the existing CCM codes until the entire family is surveyed later in 2020.

99439 ***Chronic care management services, with the following required elements:***

- ***multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,***
- ***chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,***
- ***comprehensive care plan established, implemented, revised, or monitored;***

each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

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The RUC reviewed the recommended interim crosswalk of 0.54 work RVUs and 15 minutes intra-service time for CPT code 99439. The RUC agreed with the specialty societies to crosswalk the work value and time for CPT code 99439 to CPT code 11107 *Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)* (work RVU = 0.54 and 15 minutes intra-service time). The specialty societies also indicated CPT code 96171 *Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)* (work RVU = 0.54 and 15 minutes intra-service time), which the RUC agreed is also an appropriate interim crosswalk for the physician work and time required to perform 99439. The RUC notes that the recommended 15 minutes of intra-service and the work RVU are the same as that of G2058 *Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)* (work RVU = 0.54 and 15 minutes intra-service time) as assigned by CMS. **The RUC recommends an interim work RVU of 0.54 for CPT code 99439.**

Practice Expense

The RUC recommends crosswalking the clinical staff time of 20 minutes CA021 *Perform procedure/service—NOT directly related to physician work time* L037D *RN/LPN/MTA* to CPT code 99490 *Chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.* **The RUC recommends the direct practice expense inputs as submitted by the specialty society for 99439. The RUC affirmed the direct practice expense inputs for 99490, 99491, 99487 and 99489.**

Refer to CPT

The specialty societies are developing a CPT coding change application (CCA) to establish two principal care management codes for the May 2020 CPT Editorial Panel meeting. CPT codes 99490, 99439, 99491, 99487 and 99489 will be resurveyed as part of this family of services.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Prolonged Services** **Prolonged Service Without Direct Patient Contact** Do not report 99358, 99359 for time ~~*spent*~~ *without direct patient contact reported* in *other services such as* care plan oversight services (99339, 99340, 99374-99380), *chronic care management by a physician or other qualified health care profession (99491),* home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), *interprofessional telephone/internet/electronic health record consultations (99446-99452)* or *online digital evaluation and management services* (*99421, 99422, 99423*).				

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99358 ***Prolonged evaluation and management service*** *before and/or after direct patient care; first hour*

99359 *each additional 30 minutes (List separately in addition to code for prolonged procedure)*

(Use 99359 in conjunction with 99358)

(Do not report 99358, 99359 on the same date of service as 99417)

~~(Do not report 99358, 99359 during the same month with 99484, 99487-99489, 99490, 99491, 99492, 99493, 99494)~~

(Do not report 99358, 99359 when performed during the same service time of codes 99495 or 99496, if reporting 99495 or 99496)

Non-Face-to-Face Services
Digitally Stored Data Services/Remote Physiologic Monitoring

Codes 99453 and 99454 are used to report remote…

Code 99091 should be reported no more than once…

If the services described by 99091…

Do not report 99091 for time in the same calendar month ~~as~~ when used to meet the criteria for care plan oversight services (99374, 99375, 99377, 99378, 99379, 99380), home, domiciliary, or rest home care plan oversight services (99339, 99340), ~~and~~ remote physiologic monitoring services (99457), or personally performed chronic care management (99491). Do not report 99091 if other more specific codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.

Code 99453 is reported for each episode…

#99091 *Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days*

(Do not report 99091 in conjunction with 99457)

(Do not report 99091 ~~if it occurs within 30 days of~~ for time in a calendar month when used to meet the criteria for 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99457, 99491)

●*99473* *Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration*

(Do not report 99473 more than once per device)

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(For ambulatory blood pressure monitoring, see 93784, 93786, 93788, 93790)

●*99474* *separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient*

(Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99453, 99454, 99457, 99487, 99489, 99490, 99491, 99439*)*

(Do not report 99474 more than once per calendar month)

Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. *Do not u*se 99457, *99458* for *time that can be* report*ed using* more specific *monitoring services. (eg, for the patient that requires reevaluation of medication regimen and/or changes in treatment).* Code*s* 99457*, 99458* may be reported during the same service period as chronic care management services (99487, 99489, 99490, 99491, 99439), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494). *; however*, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Code*s* 99457*, 99458* require a live, interactive communication with the patient/caregiver. *For the first 20 minutes and 20 minutes or more* of clinical staff/physician/other qualified health care professional time in a calendar month *report 99457, and report 99458 for each additional 20 minutes. Do not report services of less than 20 minutes*. Report 99457 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, inpatient services 99221, 99222, 99223, 99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255). Do not count any time related to other reported services (eg, 93290, 93793, 99291, 99292).

Care Management Services

Care management services are management and support services...

A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social services ordered, how the services of agencies and specialists unconnected to the

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~~practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.~~

A comprehensive plan of care for health problems is based on a physical, mental, cognitive, social, functional, and environmental evaluation. It is intended to provide a simple and concise overview of the patient and be a useful resource for patients, caregivers, and providers.

A typical plan of care is not limited to, but may include:

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Cognitive assessment
- Functional assessment
- Symptom management
- Planned interventions
- Medical management
- Environmental evaluation
- Caregiver assessment
- Interaction and coordination with outside resources and other healthcare professionals and providers
- Summary of advance directives

The above elements are intended to be a guide for creating a meaningful plan of care rather than a strict set of requirements, so should be addressed only as appropriate for the individual.

The plan of care should include specific and achievable goals for each condition and relevant to the patient's well-being and lifestyle. When possible, the treatment goals should also be measurable and time bound. The plan should be updated periodically based on status or goals changes. The entire care plan should be reviewed at least annually.

An electronic and/or printed plan of care must be documented and shared with the patient and/or caregiver.

Codes 99487, 99489, 99490, 99491 are reported only once per calendar month and 99439 is reported no more than twice per calendar month. Codes 99487, 99489, 99490, 99491, 99439 may only be reported by the single physician or other qualified health care professional who assumes the care management role with a particular patient for the calendar month.

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For 99487, 99489, 99490, 99439, the face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals, and agencies; creating, revising, documenting, and implementing the care plan; or teaching self-management is used in determining the care management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. For 99491, only count the time personally spent by the physician or other qualified health care professional. Do not count any of the clinical staff time spent on the day of an initiating visit (the creation of the care plan, initial explanation to the patient and/or caregiver, and obtaining consent).

Care management activities performed by clinical staff, or personally by the physician or other qualified health care professional, typically include:

- *communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;*
- *communication with home health agencies and other community services utilized by the patient;*
- *collection of health outcomes data and registry documentation;*
- *patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;*
- *assessment and support for treatment regimen adherence and medication management;*
- *identification of available community and health resources;*
- *facilitating access to care and services needed by the patient and/or family;*
- *management of care transitions not reported as part of transitional care management (99495, 99496);*
- *ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;*
- *development, communication, and maintenance of a comprehensive care plan.*

The care management office/practice must have the following capabilities:

- *provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;*
- *provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;*
- *provide timely access and management for follow-up after an emergency department visit or facility discharge;*
- *utilize an electronic health record system so that care providers have timely access to clinical information;*

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- *use a standardized methodology to identify patients who require care management services;*
- *have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner;*
- *use a form and format in the medical record that is standardized within the practice;*
- be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient~~.~~;
- reporting physician or other qualified health care professional oversees activities of the care team;
- all care team members providing services are clinically integrated.

~~E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month.~~ Each minute of service time is counted toward only one service. Do not count any time and activities used to meet criteria for another reported service. However, time of clinical staff and time of a physician or other qualified health care professional are distinct when each provides a distinct, separately reportable service to the same patient during the same period of time (eg, calendar month). ~~A physician or other qualified health care professional who reports codes 99487, 99489, 99490 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (*99366, 99367, 99368, 99441*, 99442, 99443), *on-line medical evaluation (98969, 99444),* preparation of special reports (99080), analysis of data (99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported.~~ A list of services not reported in the same calendar month as 99487, 99489, 99490, 99439 is provided in the parenthetical instructions following 99489, 99439. See the parenthetical instruction below 99491 for a list of services not separately reported in the same calendar month that 99491 is reported. ~~All other services may be reported.~~ Do not report 99487, 99489, 99490, 99439 when reporting 99491 for the same calendar month. ~~Do not report 99487, 99489, 99490, 99491 if reporting ESRD services (90951-90970) during the same month.~~ If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490, 99491, 99439 ~~when reporting~~. For service time used for-*reporting 99487, 99489, 99490,* 99491, 99439, *do not* also include service time used to *report 99421, 99422, 99423.*

Care management may be reported in any calendar month during which the clinical staff time or physician or other qualified health care professional personal time requirements are met. If care management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report 99487, 99489, 99490, 99491, 99439 for any post-discharge care management services for any days within 30 days of discharge, if reporting 99495, 99496.

When behavioral or psychiatric collaborative care management services are also provided, 99484, 99492, 99493, 99494 may be reported in addition.

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Chronic Care Management Services

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Code 99490 is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities. Code 99439 is reported in conjunction with 99490 for each additional 20 minutes of clinical staff time spent in care management activities during the calendar month up to a maximum of 60 minutes total time (ie, 99439 may only be reported twice per calendar month). Code 99491 is reported when 30 minutes of physician or other qualified health care professional personal time is spent in care management activities. Do not report 99490, 99439 in the same calendar month as 99491. If reporting 99491, do not count any physician or other qualified health care professional time on the date of a face-to-face E/M encounter towards the time used in reporting 99491.

▲99490	V1	Chronic care management services, ~~at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month,~~ with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient~~;~~, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline~~;~~, ▪ comprehensive care plan established, implemented, revised, or monitored~~.~~; ▪ first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. ~~(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)~~ ~~(Do not report 99490 in the same calendar month as 99487, 99489, 99491)~~	XXX	0.61 (Affirmed and Referred to CPT May 2020)

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<table>
<tr>
<td>✚●99439</td>
<td>V2</td>
<td>each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99439 in conjunction with 99490)

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

(Chronic care management services of 60 minutes or more and requiring moderate or high complexity medical decision making may be reported using 99487, 99489)

(Do not report 99439 more than twice per calendar month)

(Do not report 99490, 99439 in the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99491, 99605, 99606, 99607)

(Do not report 99490, 99439 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 9X0X1, 9X0X2, 9X0X3, 99441, 99442, 99443)

(Do not report 99490, 99439 when performed during the service time of 99495, 99496, if reporting 99495, 99496)
<table>
<tr><th><u>Total Duration of Staff Care Management Services</u></th><th><u>Chronic Care Management</u></th></tr>
<tr><td><u>Less than 20 minutes</u></td><td><u>Not reported separately</u></td></tr>
<tr><td><u>20 to 39 minutes</u></td><td><u>99490 X 1</u></td></tr>
<tr><td><u>40 - 59 minutes</u></td><td><u>99490 X 1 and 99439 X 1</u></td></tr>
<tr><td><u>60 minutes or more (1 hour or more)</u></td><td><u>99490 X 1 and 99439 X 2 (see also 99487)</u></td></tr>
</table>
</td>
<td>ZZZ</td>
<td>0.54

(Interim for CPT 2021 and Referred to CPT May 2020)</td>
</tr>
</table>

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G2058		*Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).* *(Do not report G2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month).* *(Use G2058 in conjunction with 99490).* *(Do not report 99490, G2058 in the same calendar month as 99487, 99489, 99491).*	ZZZ	Request that CMS Delete (2020 work RVU = 0.54)
(f) 99491	V3	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; ▪ comprehensive care plan established, implemented, revised, or monitored. (Do not report 99491 in the same calendar month ~~as~~ with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99490, 99439, 99605, 99606, 99607) ~~(Do not report 99491 in conjunction with 99339, 99340)~~ (Do not report 99491 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 9X0X1, 9X0X2, 9X0X3, 99441, 99442, 99443)	XXX	1.45 (Affirmed and Referred to CPT May 2020)

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		(Do not report 99491 when performed during the service time of 99495, 99496, if reporting 99495, 99496)		

Complex Chronic Care Management Services

Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services ~~as well as establishment or substantial revision of a comprehensive care plan~~ including establishing, revising, implementing, or monitoring the care plan; medical, functional, and/or psychosocial problems requiring medical decision making of moderate or high complexity; and clinical staff care management services for at least 60 minutes, under the direction of a physician or other qualified health care professional. ~~Physicians or other qualified health care professionals may not report complex chronic care management services if the care plan is unchanged or requires minimal change (eg, only a medication is changed or an adjustment in a treatment modality is ordered).~~ Medical decision making as defined in the Evaluation and Management (E/M) guidelines is determined by the problems addressed by the reporting individual during the month.

Patients who require complex chronic care management services may be identified…

Total Duration of Staff Care Management Services	***Complex Chronic Care Management***
Less than 60 minutes	*Not reported separately*
60 to 89 minutes (1 hour - 1 hr. 29 min.)	*99487 X 1*
90 - 119 minutes (1 hr. 30 min. - 1 hr. 59 min.)	*99487 X 1 and 99489 X 1*
120 minutes or more (2 hours or more)	*99487 X 1 and 99489 X 2 and 99489 for each additional 30 minutes*

▲99487	V4	Complex chronic care management services, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,	XXX	1.00 (Affirmed and Referred to CPT May 2020)

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		~~▪ establishment or substantial revision of a comprehensive care plan,~~ ▪ comprehensive care plan established, implemented, revised, or monitored, ▪ moderate or high complexity medical decision making; ▪ 60 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month. *(Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)*		
✚▲99489	V5	each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) *(Report 99489 in conjunction with 99487)* *(Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex chronic care management services during a calendar month)* (Do not report 99487, 99489~~, 99490~~ during the same calendar month with 90951-90970, ~~93792~~, ~~93793~~, ~~98960-98962~~, ~~98966, *98967, 98968* 99071, 99078, 99080, 99091~~, 99339, 99340, ~~99358, 99359, 99366-99368~~, 99374, 99735, 99377, 99378, 99379, -99380, ~~99441, 99442, 99443~~, 94490, 99491, 99439, 99605-, 99606, 9960799495, ~~99496~~) (Do not report 99487, 99489 for service time reported with 93792, 93793, 98960, 98961,-98962, 98966, 98967, 98968, 98969, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, *9X0X1, 9X0X2, 9X0X3,* 99441, 99442, 99443) (Do not report 99487, 99489 when performed during the service time of 99495, 99496, if reporting 99495, 99496)	ZZZ	0.50 (Affirmed and Referred to CPT May 2020)

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General Behavioral Health Integration Care Management

General behavioral health integration care management services (99484) are reported by the supervising physician or other qualified health care professional. The services are performed by clinical staff for a patient with a behavioral health (including substance use) condition that requires care management services (face-to-face or non-face-to-face) of 20 or more minutes in a calendar month. A treatment plan as well as the specified elements of the service description is required. The assessment and treatment plan is not required to be comprehensive and the office/practice is not required to have all the functions of chronic care management (99487, 99489, 99490, 99439). Code 99484 may be used in any outpatient setting, as long as the reporting professional has an ongoing relationship with the patient and clinical staff and as long as the clinical staff is available for face-to-face services with the patient.

The reporting professional must be able to perform the evaluation and management…

#99484 *Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements:*

- *initial assessment or follow-up monitoring, including the use of applicable validated rating scales;*
- *behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;*
- *facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, and/or psychiatric consultation; and*
- *continuity of care with a designed member of the care team.*

(Do not report 99484 in conjunction with 99492, 99493, 99494 in the same calendar month)

(E/M services, including care management services [99487, 99489, 99490, 99439, 99495, 99496], and psychiatric services [90785-90899] may be reported separately by the same physician or other qualified health care professional on the same day or during the same calendar month, but time and activities used to meet criteria for another reported service do not count toward meeting criteria for 99484)

Medicine
Cardiovascular
Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Home and outpatient international normalized ratio…

If significantly, separately identifiable evaluation and management (E/M)…

Do not report 93793 on the same day…

Do not report 93792, 93793 in conjunction with 98966, 98967, 98968, 98X00, 98X01, 98X02, *9X0X1, 9X0X2, 9X0X3,* 99441, 99442, 99443 when telephone or online *digital evaluation and management* services address home and outpatient INR monitoring.

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Do not report 93792, 93793 when performed during the service ~~time~~ period of ~~99487, 99489, 99490,~~ 99495, 99496. Do not count time spent in 93792, 93793 in the time of 99487, 99489, 99490, 99439, 99491 when reported in the same calendar month.

93792 Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results

(For provision of test materials and equipment for home INR monitoring, see 99070 or the appropriate supply code)

93793 Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

(Do not report 93793 in conjunction with ~~99201,~~ 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245)

(Report 93793 no more than once per day, regardless of the number of tests reviewed)

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AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
Research Subcommittee Conference Call Report

Tuesday, November 5th

Members Present: Ezequiel Silva III, MD (Chair), Jimmy Clark, MD (Vice Chair), Dale Blasier, MD, Gregory DeMeo, MD, Peter Hollmann, MD, Omar Hussain, MD, Katie Jordan, OTD, OTR/L, M. Douglas Leahy, MD, Daniel McQuillen, MD, Guy Orangio, MD, Marc Raphaelson, MD, David Slotwiner, MD, Michael Sutherland, MD, Timothy Tillo, DPM, Robert Zwolak, MD

I. Chronic Care Management Services (CCM) (99490, 99439, 99491, 99487, 99489)

American Academy of Family Physicians
American College of Physicians
American Geriatrics Society
American Nurses Association
American Osteopathic Association

The original agenda for this conference call was to review proposed custom RUC survey templates on physician work and clinical labor and also two proposed reference service lists. However, at the beginning of the call, the presenting specialties explained that coding and policy changes related to care management services finalized by CMS in the CY2020 Medicare Physician Payment Schedule Final Rule, released on November 1, would necessitate the delay of surveying CCM codes 99490, 99439, 99491, 99487 and 99489 until the CPT 2022 cycle.

The specialties noted that two new G codes created by CMS for Principal Care Management (PCM) services (G2064 and G2065) should be reviewed concurrently with the CCM codes as they are part of the same family. The specialties stated their intent to submit a CCA for the PCM/CCM codes to address material changes across the family in the CY2020 MPFS Final Rule, as further discussed below.

The specialty societies explained the relevant changes from the CY2020 MPFS Final Rule in detail:

- *Principal Management Services:* The Agency created two new G codes, (G2064 and G2065) to make separate payment for care management for patients with one serious chronic condition. Principal care management services are similar to CCM services, however CCM services are furnished for care management of patients with two or more chronic conditions. A serious chronic condition would be a condition lasting 3 months to 1 year, may have led to a hospitalization, placed the patient at significant risk of death, the condition may have been exacerbated or caused significant functional decline. G2064 is reported when at least 30 minutes in 30 calendar days is spent by the physician or other qualified health care provider and G2065 is reported when at least 30 minutes of clinical staff time is spent within 30 calendar days.
- CMS will interpret the code descriptor "establishment or substantial revision of a comprehensive care plan" in 99487 and 99489 to mean that a comprehensive care plan is established, implemented, revised, or monitored identical to the descriptor of 99490. CMS stated that it would allow for consistency in the care planning service element of complex CCM and non-complex CCM services provided by clinical staff.
- CMS also created an add-on code for 99490 for additional 20-minute increments of non-complex CCM clinical staff time. This add-on code, HCPCS code G2058, will be reportable a maximum of two times within a given service period for a given beneficiary.

AMA RUC staff noted that the CCM section was revised extensively by the CPT Editorial Panel for CPT 2021, including the creation of new add-on code 99439 and the revision of several existing codes, and that the January 2020 RUC meeting is the last RUC meeting of the CPT 2021 cycle. The Subcommittee

inquired whether the specialties workplan was to propose to delay the CPT coding changes until CPT 2022 or if they had a plan for how to handle the new and revised codes in the CCM section of CPT. The specialties suggested that the values for the revised codes for CY2020 (99490, 99491, 99487, 99489) could also be maintained for CY2021 and the value of the new code (99439) could come from a RUC-approved crosswalk. Once this code family has gone through the CPT Editorial Panel process, then all the impacted care management codes could be surveyed for the CPT 2022 cycle. The Subcommittee members agreed that this workplan for the multispecialty advisory committee's recommendation to the RUC seems reasonable given the time constraints for the CPT 2021 cycle and changes that were just finalized in the CY2020 Final Rule.

The Research Subcommittee recommends that the RUC approve the specialty approved work plan for these codes:

- **Maintaining the work values and direct practice expense inputs for codes 99490, 99491, 99487 and 99489 for CPT 2021 on an interim basis**
- **Propose an appropriate interim crosswalk for 99439 for CPT 2021**
- **After the anticipated CPT EP action on the existing CCM codes, the entire family including the new Principal Management Services codes, will be surveyed in calendar year 2020 for the CPT 2022 cycle (for the RUC meeting immediately following the CPT panel action).**
- **By the December 17, 2019 submission deadline, the specialty will:**
    - **Submit an Summary of Recommendation (SOR) for code 99439 with a proposed crosswalk for CPT 2021**
    - **Submit a PE spreadsheet with all existing inputs and a PE SOR for code 99439**
    - **Submit a RUC summary spreadsheet for codes 99490, 99491, 99487, 99489 and 99439**
    - **Provide a letter explaining the background for this code family and their recommendations for CPT 2021 and their intentions for CPT 2022 (including the information in the first three bullets described above).**

The Chair of the RUC noted that this recommendation by the Subcommittee would be circulated to the full RUC electronically for the RUC's consideration shortly after the call.

Dear Dr. Smith

The undersigned specialty societies are writing to provide additional background as to why we are recommending an interim crosswalk for new CPT code 99439 instead of doing a survey for the January 2020 RUC meeting.

At its September 2019 meeting, the CPT Editorial Panel established a new add-on code 99439, Chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month to be used with 99490, Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

This new code is part of the chronic care management (CCM) family, and several societies, including the American College of Physicians, the American Academy of Family Physicians, the American Geriatrics Society, the American Osteopathic Association, and the American Nurses Association, submitted LOI's of 1 to survey the family. During the process of the societies preparing for the survey, CMS published its final rule for CY 2020, which included the creation of several new care management HCPCS codes. These included two codes for principal care management and code G2058, which has a descriptor identical to that of 99439.

When these codes came out, the specialty society advisors met by conference call and decided to submit a code change proposal to CPT for the May 2020 meeting. This proposal would establish new principal care management codes (like those in the final rule). Because these new codes also would potentially be part of the CCM family, the entire CCM family would need to be surveyed after the codes were approved by CPT. Specifically, assuming the new principal care management codes are approved at the May 2020 CPT meeting, the entire CCM family will need to be surveyed for the October 2020 RUC meeting. Therefore, if the undersigned specialties surveyed the CCM family for the January 2020 RUC meeting because of new code 99439, that would mean the exact same family of codes would be surveyed for both the January and October RUC meetings in 2020. For many reasons, the undersigned specialty society do not think that is a good idea (e.g., the work is unlikely to change in such a short period of time, any differences in the results may cast on the validity of both surveys, respondents completing both surveys may be confused by the request to resurvey the same codes).

Given that CMS had already established payment for the new codes for CY 2020 (including G2058), the undersigned specialties met with the Research Subcommittee and requested that we be allowed to make a presentation to the RUC requesting a temporary crosswalk to value 99439 on an interim basis for 2021 before it is surveyed next year as part of the 2022 CPT and Medicare physician fee schedule cycles. The specialties also requested that we be allowed to recommend maintaining the current value of the existing CCM codes until the entire family is surveyed later in 2020. The Research subcommittee listened to our proposal, asked several helpful questions, and expressed its support for the proposed plan. The SoR we submitted for

99439 contains a more detailed discussion of the process and our recommendations for a crosswalk.

Thanks to you and the RUC for your time and consideration of this matter. We look forward to discussing it with the RUC in January.

Sincerely,

American Academy of Family Physicians
American College of Physicians
American Geriatrics Society
American Nurses Association
American Osteopathic Association

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99439 Tracking Number V2 Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **0.54**

CPT Descriptor: Chronic care management services, with the following required elements:

multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
comprehensive care plan established, implemented, revised, or monitored;

each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
(Use 99439 in conjunction with 99490)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: (not applicable)

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: (not applicable)

Description of Intra-Service Work: Chronic care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional when medical and/or psychosocial needs of the patient require establishing and implementing, revising, or monitoring the care plan. Services typically include establishing, implementing, revising, or monitoring the care plan; coordinating the care of other professionals and agencies; and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.

A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community and social services ordered, how the services of agencies and specialists unconnected to the practice will be directed and coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

The care management office/practice must have the following capabilities:
Provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients and caregivers with a means to make contact with health care professionals in the practice to address urgent needs

regardless of the time of day or day of week; provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; provide timely access and management for follow up after an emergency department visit or facility discharge; utilize an electronic health record system so that care providers have timely access to clinical information; use a standardized methodology to identify patients who require care management services; have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner; use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

Description of Post-Service Work: (not applicable)

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020
Presenter(s):	Megan Adamson, MD; Amy Aronsky, DO; Audrey Chun, MD; Joshua Liao, MD, MS, FACP; Korinne Van Keuren, DNP, MS, RN, CPNP-AC, APRN-BC, RNFA; Elisabeth Volpert, DNP, APRN, FNP-C
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians, American Geriatrics Society, American Nurses Association, American Osteopathic Association
CPT Code:	99439
Sample Size: 0	**Resp N:** 0
Description of Sample:	not applicable

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:			**0.00**		

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code: 99439	**Recommended Physician Work RVU: 0.54**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11107	ZZZ	0.54	**RUC Time**

CPT Descriptor Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96171	ZZZ	0.54	**RUC Time**

CPT Descriptor Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77001	ZZZ	0.38	**RUC Time**	402,771

CPT Descriptor 1 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77002	ZZZ	0.54	**RUC Time**	474,947

CPT Descriptor 2 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 99439	Top Key Reference CPT Code: 11107	2nd Key Reference CPT Code: **96171**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**15.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT established a new add-on code 99439, Chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month to be used with 99490,

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

This new code is part of the chronic care management (CCM) family and several societies, including the American College of Physicians, the American Academy of Family Physicians, the American Geriatrics Society, the American Osteopathic Association, and the American Nurses Association, submitted LOI's of 1 to survey the family. During the process of preparing for the survey, CMS published it final rule for CY 2020, which included the creation of several new CCM codes. These included two codes for principal care management and a G2058 which has a descriptor identical to that of 99439. When these came out, the specialty society advisors decided to submit a coding change proposal to CPT to establish new principal care management codes. Those codes also would be part of the CCM family and would necessitate surveying the entire CCM family. Because the soonest the new codes could be created was for the CY 2022 CPT cycle, that meant the entire CCM family would have to be reviewed 2 years in row if the proposed survey for 99439 was done.

Given that CMS had already established payment for the new codes for CY 2020 (including G2058), the specialties met with the Research Subcommittee and requested that they be allowed to make a presentation to the RUC requesting a temporary crosswalk to value 99439 on an interim basis before it was surveyed next year. The Research subcommittee agreed with this plan. Therefore, specialty societies convened an expert panel of their RUC advisors, which met by conference call to discuss an appropriate crosswalk. They noted that CMS assigned 0.54 work RVUs and 15 minutes of total (all intra-service) time to G2058. The expert panel also reviewed the RVUs of other RUC-reviewed, ZZZ global codes with total time of 10-20 minutes and work RVUs between 0.30 and 0.70. Within that group of codes, there were 15 codes that had 15 minutes of total time (all intra-service), including two codes for acupuncture reviewed by the HCPAC. Several of those codes support the recommended value of 0.54:

11045, Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) with 0.50 work RVUs

11107, Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) with 0.54 work RVUs

90913, Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) with 0.50 work RVUs

96159, Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) with 0.50 work RVUs

96168, Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) with 0.55 work RVUs

96171, Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) with 0.54 work RVUs

96571, Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract) with 0.55 work RVUs

97811, Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) with 0.50 work RVUs

97814, Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) with 0.55 work RVUs

The expert panel also noted that 99489, Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care

professional, per calendar month (List separately in addition to code for primary procedure) has 13 total minutes, all intra-service, and a work RVU of 0.5. The panel also noted that the base complex CCM code, 99487, Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month has a total time of 45 minutes and a work RVU of 1.00.

In order to maintain the work relativity of 99487, 99489, 99490, and 99439, given the time for each code, the expert panel believes that the most appropriate crosswalks are 11107 and 96171, because the amount of work required for the add-on code should be less than the base code and within the range of other ZZZ global codes with 15 minutes of total time, all intra-service.

Therefore, the specialty societies are recommending 0.54 work RVUs and 15 minutes to total time, all intra-service for CPT code 99439 as interim values until the entire CCM family is surveyed next year.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	Code	Global	Work RVU	Pre Time	Intra Time	Post Time
3.	99490	XXX	0.61	0	15	0
4.	99439	ZZZ	0.54	0	15	0
5.	Totals>		1.15	0	30	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99490

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family medicine How often? Commonly

Specialty Internal medicine How often? Commonly

Specialty Geriatrics How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1216342

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Same as estimated Medicare frequency; most private payers are not paying for CCM, and most non-Medicare patients don't qualify.

Specialty Family medicine Frequency 383148 Percentage 31.50 %

Specialty Internal medicine Frequency 490672 Percentage 40.33 %

Specialty Geriatrics Frequency 12163 Percentage 0.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,216,342 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CMS estimate of utilization for G2058; 30% of 2018 utilization of 99490

Specialty Family medicine Frequency 383148 Percentage 31.50 %

Specialty Internal medicine Frequency 490672 Percentage 40.33 %

Specialty Geriatrics Frequency 12163 Percentage 0.99 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99490

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Chronic Care Management Services

TAB: 20

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	99487	XXX	Complex chronic care management se		0.038			1.00			26						26			
REC	99487	XXX	Complex chronic care management se		0.038			1.00			26						26			

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	99489	ZZZ	Complex chronic care management se		0.038			0.50			13						13			
REC	99489	ZZZ	Complex chronic care management se		0.038			0.50			13						13			

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	99490	XXX	Chronic care management services, at		0.041			0.61			15						15			
REC	99490	XXX	Chronic care management services, at		0.041			0.61			15						15			

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	11107	ZZZ	Incisional biopsy of skin (eg, wedge) (		0.036			0.54			15						15			
2nd REF	99490	XXX	Chronic care management services, at		0.041			0.61			15						15			
CURRENT	994XX	ZZZ	Chronic care management services, w		#DIV/0!						0									
REC	99439	ZZZ	Chronic care management services, w		0.036			0.54			15						15			

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	99491	XXX	Chronic care management services, pr		0.048			1.45			30						30			
REC	99491	XXX	Chronic care management services, pr		0.048			1.45			30						30			

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 99490, 99439, 99491, 99487, 99489**
SPECIALTY SOCIETY(IES): AAFP, ACP, AGS, ANA, AOA
PRESENTER(S): Megan Adamson, MD; Amy Aronsky, DO; Audrey Chun, MD; Joshua Liao, MD, MS, FACP; Korinne Van Keuren, DNP, MS, RN, CPNP-AC, APRN-BC, RNFA; Elisabeth Volpert, DNP, APRN, FNP-C

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
99490	Chronic care management services, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient~~,~~; ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline~~,~~; ▪ comprehensive care plan established, implemented, revised, or monitored~~.~~; ▪ first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	XXX
99439	each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	ZZZ
99491(f)	*Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:* ▪ *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;* ▪ *chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;* ▪ *comprehensive care plan established, implemented, revised, or monitored.*	XXX
99487	Complex chronic care management services, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ comprehensive care plan established, implemented, revised, or monitored, ▪ moderate or high complexity medical decision making;	XXX

	▪ 60 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	
99489	each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99490	The patient is a 75-year-old female with diabetes, hypertension, and mild congestive heart failure. She requires chronic care management services.
99439	During a month of chronic care management services, a 78-year-old female who has just received 39 minutes of clinical staff time, requires additional care management services. **Note**: This is an add-on service. Only consider the additional work related to additional clinical staff time.
99491(f)	**Typical Patient (RUC Database) (99491) Child** A 6-year-old child with spastic quadriplegia, gastrostomy, gastroesophageal reflux with recurrent bouts of aspiration pneumonia and reactive airway disease, chronic seizure disorder, failure to thrive, and severe neurodevelopment delay. He receives home occupational, physical, and speech therapy services. **Typical Patient (RUC Database) (99491) Adult** An 83-year-old female with congestive heart failure and early cognitive dysfunction, who has been hospitalized twice in the prior 12 months, is becoming increasingly confused and refuses an office visit. She has a certified nursing assistant supervised by a home care agency, participates in a remote weight and vital signs monitoring program, and sees a cardiologist and neurologist.
99487	**Typical Patient (99487) Child** A 6-year-old child with spastic quadriplegia, gastrostomy, gastroesophageal reflux with recurrent bouts of aspiration pneumonia and reactive airway disease, chronic seizure disorder, failure to thrive and severe neurodevelopment delay. He receives home occupational, physical and speech therapy services. **Typical Patient (99487) Adult** An 83-year-old female with congestive heart failure, early cognitive dysfunction, and takes four medications. She has decompensated and requires ongoing management aimed at avoiding further decompensation.
99489	**Typical Patient (99489) Adult** During a month of complex chronic care management services, a 92-year-old male with congestive heart failure, diabetes, and dementia and who has already received 89 minutes of complex care management services requires additional clinical staff time and ongoing care management

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	activities. **Note**: This is an add-on service. Only consider the additional work related to complex chronic care management beyond the first 89 minutes.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   RUC advisors from all the participating specialty societies acted as an expert panel and met by email and conference call to arrive at the recommendations for direct practice expense inputs. Prior final submissions for each service serviced as the basis with no modifications other than to make consistent with the current PE forms and the new code language.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   Current CMS time per the 2020 final rule. In some codes we moved the minutes from CA002 and CA035 to **CA021** as we believe placing time in those line items are likely typo mistakes and we do not believe the time should be in pre or post service for this code family.
   For 99439 as there is no current, we selected the code time.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   From RUC data base 2019 version 2 in varying top percentages based on the CPT code.
   Internal Medicine, Family Medicine, Nurse Practitioner, Physician Assistant, Cardiology, Pediatrics

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling*

evidence guidelines) Please explain if the increase can be entirely accounted for because of an increase in physician time:

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

9. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:
    b. Service period (includes pre, intra and post):

From CPT directly:
Care management activities performed by clinical staff, or personally by the physician or other qualified health care professional, typically include:

- communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;
- development, communication, and maintenance of a comprehensive care plan.

When above are personally performed by physician or QHP, CPT 99491, the below are the clinical staff activities in addition to the 30 minutes by the physician or QHP:
The clinical staff perform the following tasks over the month the service is furnished:

- Call(s) in or email prescription(s)
- communicate with the patient or caregiver if the physician is not available

- receive, review and send tests results and other clinical information to and from other care givers
- schedule appointment(s) with other healthcare providers and outside agencies
- take call(s) from patient or contact patient when MD available for call

c. Post-service period:

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

For 99491 only
Detail breakout of Intra-service Clinical Staff:
Five minutes per month in relaying/communicating patient messages,
five minutes in communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
and five minutes for coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP for a total time of 15 minutes.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT CY 2020 FR		Recommendation		CURRENT CY 2020 FR		CURRENT CY 2020 FR		CURRENT CY 2020 FR	
2						99490		99490		99439 Add-On		99491		99487		99489 Add-On Code	
3		*RUC Collaboration Website*				CCM... - **at least 20 minutes of clinical staff time** directed by a physician or other		CCM... - **first 20 minutes of clinical staff time** directed by a physician or other qualified health care		CCM…-**each additional 20 minutes of clinical staff time** directed by a physician or other		CCM…..-provided personally **by a physician** or other qualified health care professional**, at least**		CCCM… 60 minutes of clinical staff time directed by physician or other qualified health care		CCCM...each additional 30 minutes of clinical staff time directed by a physician or other	
4	Clinical Activity Code	Meeting Date: January 2020 Revision Date (if applicable): Tab: 20 Specialty: AAFP, ACP, ANA, AOA, AGS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute												
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX		XXX		ZZZ		XXX		XXX		ZZZ	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.40	$ -	$ 7.40	$ -	$ 7.40	$ -	$ 5.55	$ -	$ 30.60	$ -	$ 15.30	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	20.0	0.0	20.0	0.0	20.0	0.0	0.0	0.0	60.0	0.0	30.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	20.0	0.0	20.0	0.0	15.0	0.0				
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51									0.0	0.0	0.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051A	RN	0.51									60.0	0.0	30.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51									0.0	0.0	0.0	0.0
15		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 7.40	$ -	$ 7.40	$ -	$ 7.40	$ -	$ 5.55	$ -	$ 30.60	$ -	$ 15.30	$ -
16		PRE-SERVICE PERIOD															
17		Start: Following visit when decision for surgery/procedure made															
18	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37												
19	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	20											
29		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
32		End: When patient enters office/facility for surgery/procedure															
33		SERVICE PERIOD															
34		Start: When patient enters office/facility for surgery/procedure:															
35		Pre-Service (of service period)															
48		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
51		Intra-service (of service period)															
55	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			20		20		15					
58	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.51									60		30	
59			L037D	RN/LPN/MTA	0.37												
63		Post-Service (of service period)															
77	CA035	Review home care instructions, coordinate visits/prescriptions	L051A	RN	0.51												
84		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
85		End: Patient leaves office/facility															
86		POST-SERVICE PERIOD															
87		Start: Patient leaves office/facility															
88	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37												
89	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37												
100		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
101		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
102		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37												
103		End: with last office visit before end of global period															

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT CY 2020 FR		Recommendation		CURRENT CY 2020 FR		CURRENT CY 2020 FR		CURRENT CY 2020 FR	
2						99490		99490		99439 Add-On		99491		99487		99489 Add-On Code	
3		*RUC Collaboration Website*				CCM... - **at least 20 minutes of clinical staff time** directed by a physician or other		CCM... - **first 20 minutes of clinical staff time** directed by a physician or other qualified health care		CCM…-**each additional 20 minutes of clinical staff time** directed by a physician or other		CCM…..-provided personally **by a physician** or other qualified health care professional**, at least**		CCCM… 60 minutes of clinical staff time directed by physician or other qualified health care		CCCM...each additional 30 minutes of clinical staff time directed by a physician or other	
4	Clinical Activity Code	Meeting Date: January 2020 Revision Date (if applicable): Tab: 20 Specialty: AAFP, ACP, ANA, AOA, AGS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute												
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX		XXX		ZZZ		XXX		XXX		ZZZ	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 7.40	$ -	$ 7.40	$ -	$ 7.40	$ -	$ 5.55	$ -	$ 30.60	$ -	$ 15.30	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	20.0	0.0	20.0	0.0	20.0	0.0	0.0	0.0	60.0	0.0	30.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	20.0	0.0	20.0	0.0	15.0	0.0				
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51									0.0	0.0	0.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051A	RN	0.51									60.0	0.0	30.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51									0.0	0.0	0.0	0.0
104	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT													
105		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
106																	
107																	
112		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*															
113																	
114	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute												
115		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
116																	
121																	
122		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*															

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2017

Chronic Care Management Services

In February 2017, the CPT Editorial Panel created a new code to describe at least 30 minutes of chronic care management services performed personally by the physician or qualified health care professional over one calendar month. This service is different than existing chronic care management services 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month…*(work RVU = 0.61) and 99487 *Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month* (work RVU = 1.00) which are performed by clinical staff under the supervision of a physician. The patient acuity criteria for all these services are the same but the physician work is different and more intense for 99491. CPT code 99491 cannot be reported with 99490 or 99487 and must capture all the work for the month.

The RUC reviewed the survey results from 153 physicians for CPT code 99491 and determined that the survey 25th percentile of 1.45 work RVUs appropriately accounts for the work required to perform this service. The RUC recommends 30 minutes of intra-service time for 99491. The RUC compared the surveyed code to the top key reference service 99214 (work RVU = 1.50, 25 minutes intra-service time and 40 minutes total time) and determined that the physician work and time for 99491 is slightly less as this is a non face-to-face service. For additional support, the RUC referenced similar service 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU= 1.42 and 29 minutes total time). **The RUC recommends a work RVU of 1.45 for CPT code 99491.**

Practice Expense
There is a single clinical staff time input for this service, 15 minutes to *Perform procedure/service---NOT directly related to physician work time* and no supplies or equipment. The 15 minutes of time is distributed throughout the month and the clinical staff will typically perform the following tasks during this time:

- Relaying/communicating patient messages,
- Communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
- Coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

An observer from CMS questioned why the clinical labor staff time is half that of the physician time. The specialty societies indicated that the clinical staff services would include patient maintenance activities such as answering questions, refilling prescriptions and calling home care agencies, that would extend beyond any activities included in other Evaluation and Management services. An additional concern that the description of clinical labor staff work may overlap with the physician work was addressed during the review. The specialty societies indicated that it is possible that in rare cases the requirements for 99490 (20 minutes clinical staff time) and 99491 (30 minutes of physician time) could both be met. However, this would not be the typical case and this situation would only arise if both the physician time and the clinical staff were tracked and documented. If both are tracked and documented then the physician would have the choice as to which code to report. **The RUC recommends that the specialties work with the AMA to develop a CPT Assistant article to clarify the proper reporting of code 99491 versus 99490. The RUC recommends the direct practice expense inputs without modification as submitted by the specialty societies and approved by the Practice Expense Subcommittee.**

New Technology/New Services
This service will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Care Management Services** Care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, or may be provided personally by a physician or qualified health care professional to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living. *A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.*				

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Codes 99487, 99489, 99490, 99491 are reported only once per calendar month and may only be reported by the single physician or other qualified health care professional who assumes the care management role with a particular patient for the calendar month.

For 99490, 99487, and 99489 ~~T~~the face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals, and agencies; revising, documenting, and implementing the care plan; or teaching self-management is used in determining the care management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. For 99491, only count the time personally performed by the physician. Do not count any time of the clinical staff on the day of an initiating visit (the creation of the care plan, initial explanation to patient, and/or caregiver and obtaining consent) ***Note:*** *Do not count any clinical staff time on a day when the physician or qualified health care professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350).*

Care management activities performed by clinical staff, or personally by the physician or other qualified health care professional typically include:

- *communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;*
- *communication with home health agencies and other community services utilized by the patient;*
- *collection of health outcomes data and registry documentation;*
- *patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;*
- *assessment and support for treatment regimen adherence and medication management;*
- *identification of available community and health resources;*
- *facilitating access to care and services needed by the patient and/or family;*
- *management of care transitions not reported as part of transitional care management (99495, 99496);*
- *ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;*
- *development, communication, and maintenance of a comprehensive care plan.*

The care management office/practice must have the following capabilities:

- *provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;*
- *provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;*
- *provide timely access and management for follow-up after an emergency department visit or facility discharge;*
- *utilize an electronic health record system so that care providers have timely access to clinical information;*
- *use a standardized methodology to identify patients who require care management services;*
- *have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts*

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receiving them in a timely manner;
- *use a form and format in the medical record that is standardized within the practice;*
- *be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.*

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), anticoagulant management (99363, 99364), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490, 99491 if reporting ESRD services (90951-90970) during the same month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490, 99491.

Care management may be reported in any calendar month during which the clinical staff time or physician/other qualified health care professional personal time requirements are met. If care management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report 99487, 99489, 99490 for any post-discharge care management services for any days within 30 days of discharge, if reporting 99495, 99496.

Chronic Care Management Services

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Code 99490 is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities. Code 99491 is reported when 30 minutes of physician or other qualified health care professional personal time is spent in care management activities. Do not report 99490 in the same month as 99491.

#99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:*
- *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;*
- *chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;*
- *comprehensive care plan established, implemented, revised, or monitored.*

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(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)
(Do not report 99490 in the same calendar month as 99487, 99489, 99491)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●99491	F1	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored (Do not report 99491 in the same calendar month as 99487, 99489, or 99490) (Do not report 99340, 99339 with 99491)	XXX	1.45

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99491 Tracking Number F1 Original Specialty Recommended RVU: **1.85**
Presented Recommended RVU: **1.85**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **1.45**

CPT Descriptor: Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored / / (Do not report 99491 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
(adult) An 83-year-old woman with congestive heart failure and early cognitive dysfunction, who has been hospitalized twice in the prior 12 months, is becoming increasingly confused and refuses an office visit. She has a certified nursing assistant supervised by a home care agency, participates in a remote weight and vital signs monitoring program and sees a cardiologist and neurologist.

(child) A 6-year-old child with spastic quadriplegia, gastrostomy, gastroesophageal reflux with recurrent bouts of aspiration pneumonia and reactive airway disease, chronic seizure disorder, failure to thrive and severe neurodevelopment delay. He receives home occupational, physical and speech therapy services.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: These chronic care management services are management (CCM) and support services personally provided by a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services typically include establishing, implementing, revising, or monitoring the care plan; coordinating the care of other professionals and agencies; and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides and or oversees the coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.
A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community and social services ordered, how the services of agencies and specialists unconnected to the practice will be directed and coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

The care management office/practice must have the following capabilities:

Provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients and caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week; provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; provide timely access and management for follow up after an emergency department visit or facility discharge; utilize an electronic health record system so that care providers have timely access to clinical information; use a standardized methodology to identify patients who require care management services; have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner; use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	John Agens, MD, Jennifer Aloff, MD, Kevin Kerber, MD, Mary Newman MD		
Specialty(s):	American Academy of Neurology, American College of Physicians, American Academy of Family Physicians and American Geriatrics Society		
CPT Code:	99491		
Sample Size:	8918	**Resp N:** 153	**Response:** 1.7 %
Description of Sample:	All societies selected 1000 to 2000 randomly selected members for this survey.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	45.00	2592.00
Survey RVW:	0.00	1.45	**1.85**	2.30	100.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	45.00	158.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99491	**Recommended Physician Work RVU: 1.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.11	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	95,554,488

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,446,476

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99495	XXX	2.11	**RUC Time**

CPT Descriptor Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 23.5 **%**

Number of respondents who choose 2nd Key Reference Code: 35 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 99491	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99215**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	30.00	25.00	35.00
Median Immediate Post-service Time	0.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**40.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	6%	36%	50%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	22%	36%	42%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	33%	61%
Urgency of medical decision making	31%	47%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	67%	22%
Physical effort required	8%	72%	19%

Psychological Stress	**Less**	**Identical**	**More**
The risk of significant complications, morbidity and/or mortality	3%	44%	53%
Outcome depends on the skill and judgment of physician	3%	56%	42%
Estimated risk of malpractice suit with poor outcome	31%	50%	19%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	31%	49%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	14%	40%	46%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	6%	51%	43%
Urgency of medical decision making	23%	43%	34%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	60%	34%
Physical effort required	3%	63%	34%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	9%	29%	63%
Outcome depends on the skill and judgment of physician	3%	46%	51%
Estimated risk of malpractice suit with poor outcome	0%	40%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Geriatrics Society (AGS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), and the American Academy of Neurology (AAN) conducted joint random surveys of their memberships in March 2017 for CPT code 99491. A joint AGS, ACP, AAFP, and AAN RVS expert panel ("joint panel") consisting of physician advisors reviewed the survey work and time data and developed recommendations through participation in conference calls and e-mail discussions.
There were 153 responses (65 geriatricians, 24 internists, 10 family physicians, 50 neurologists, 4 other identified in other, as pediatric, endocrinologists or cardiologists) to the survey request with a median performance rate of 10; 93% of the survey respondents found the vignette to be typical. The RUC summary contains a breakout of medical specialty self-identified by the respondents. The number of responses meet RUC criteria and the majority of respondents perform this service.
The two key reference services were 99214 (36 responses) and 99215 (35 responses). The joint panel agreed that this even split in the two most common reference services chosen indicates that the recommended RVW for 99491 should be in-between that of 99214 and 99215. In addition, while 99487 was not one of the most commonly chosen reference services, the joint panel kept in mind that 99491 is the physician work equivalent of 99487 (Complex chronic care management services with clinical staff time of 60 minutes) and that it is important that the physician time and RVW for 99491 and 99487 also be in proper rank order. The joint panel also kept in mind the required elements for 99491 which are:

> multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored

The joint panel also noted that this service does not include any pre and post service time, because it describes care furnished over a calendar month. Therefore, the reliability of the intra-service time data is critical to appropriately valuing the service.
After agreeing on these initial considerations, the joint panel reviewed the survey results, the times and RVWs of the two major reference services and other related E/M services.

First, the joint panel reviewed the survey results. The median times for all specialties was similar and among the three specialties with the most respondents was 28, 30, and 31 minutes. For respondents who chose 99214 as the key reference service, the median survey code time was 30 minutes and for respondents who chose 99215, the median survey code times was 35 minutes. The distribution was normal across all specialties. The joint panel concluded that the time data was reliable.

The median work RVW varied among specialties but the distribution was normal for each specialty and for the aggregate. The panel then looked at the data for respondents who chose 99214 as the key reference service. Those respondents had a median RVW of 1.51 and the 25th percentile RVW was 1.50. For respondents who chose 99215 as the key reference service, the median RVW was 2.11 and the 25th percentile RVW was 2.05. The panel noted this very tight distribution felt that the survey median of 1.85 fell almost exactly in the middle of these two groups and had significant face validity.

The joint panel then reviewed the times and RVWs of 99214 and 99215. 99214 has an RVW of 1.5 and times of 5/25/10/40 and 99215 has an RVW of 2.11 and times of 5/35/15/55. In connection with comparing 99491 to 99214 and 99215, the joint panel noted that while 994X7 has no specific requirement for level of medical decision-making, 99214 requires moderate complexity medical decision making and 99215 requires high complexity medical decision making. Based on the survey data and the split choice of 99214 and 99215 as key reference services, the joint panel believes it likely that half the services described by 994X7 require highly complex medical decision making and half require moderately complex medical decision making and that this is clearly reflected by the survey median RVW of 1.85.

The joint panel also noted the survey median intensity/complexity measures indicate that the respondents believe that 99491 is more intense/complex than both 99214 and 99215. The joint panel agreed that even though the total time for 99491 is less than the total times for 99214 and 99215, that all the time is intra-service, that the median time for 99491 is 5 minutes longer than the intra-service time for 99214 and the higher intensity/complexity measures support the median survey RVW. Furthermore, the median RVWs for respondents who chose 99214 or 99215 as the key reference service was practically identical to the reference service chosen and the survey median RVW of 1.85 is almost exactly between the 99214 and 99215 RVWs of 1.5 and 2.11. In addition, the joint panel agreed that the 25th percentile RVW of 1.45 was too low and undervalued the service.

In addition, the panel reviewed 99487 which has 26 minutes of intra-time and an RVW of 1.0 and is much less intense than 994X7 because the physician work for 99487 is entirely supervision of clinical staff and the work of 99491 is entirely direct patient care.

The joint panel also reviewed a number of other services:

- The transitions of care management (TCM) codes, 99495, RVW 2.11 with an intra-service (and total) time of 40 minutes, and 99496, RVW 3.05 and intra-service (and total) time of 50 minutes and agreed that the shorter median time of 30 minutes and the median RVW of 1.85 place 99491 in proper rank order with those codes
- 70496 (CTA Head) and 70498 (CTA Neck) both with times of 5/20/5/30 and an RVW of 1.75 that were RUC reviewed in 2014
- 70552 (MRI Brain Stem w contrast) with times of 5/20/7/32 and an RVW of1.78 that was RUC reviewed in 2013
- 74176 (CT Abdomen and Pelvis w/o contrast) that has times of 5/22/5 and an RVW of 1.74 that is an MPC code and RUC reviewed in 2010.

The joint panel agreed that the greater intensity of 994X7 as compared to the imaging services supported the survey median RVW.

Recommendations

In summary, for 99491 tracking number F1 **we recommend the median RVW of 1.85 of and the median intra-service time of 30 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family Practice How often? Sometimes

Specialty Geriatrcians How often? Sometimes

Specialty GP/Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 400000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. In terms of utilization – Medicare utilization for the new code is expected to be 10% of 99490 and that total utilization will be double that. The total 2016 utilization for 99490 was 2,260,521 (according to the RUC database). Therefore we estimate a total of 200,000 Medicare and 400,000 all payers.

Specialty Family Practice Frequency 100000 Percentage 25.00 %

Specialty Geriatrcians Frequency 100000 Percentage 25.00 %

Specialty GP/Internal Medicine Frequency 100000 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. In terms of utilization – Medicare utilization for the new code is expected to be 10% of 99490 and that total utilization will be double that. The total 2016 utilization for 99490 was 2,260,521 (according to the RUC database). Therefore we estimate a total of 200,000 Medicare and 400,000 all payers.

Specialty Family Practice Frequency 50000 Percentage 25.00 %

Specialty Geriatrcians Frequency 50000 Percentage 25.00 %

Specialty GP/Internal Medicine Frequency 50000 Percentage 25.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

ISSUE: Complex Chronic Care Management by Physician or QHP
TAB: 9

Percent Vig Typica	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
24%	REF 1	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate	36	0.047	1.5					40	5	25					10					
23%	REF 2	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided	35	0.047	2.11					55	5	35					15					
93%	SVY Total	99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340–99350, with 994X7)	153	0.062	0.00	1.45	1.85	2.30	100.00	30		0	20	30	45	158		0	1	10	45	2592
100%	Family Medicine	99491	CCM provided personally by a physician / QHP	10	0.051	1.20	1.50	1.78	2.00	20.00	35		15	30	35	39	80		0	3	8	19	2400
100%	Internal Medicine/GP	99491	CCM provided personally by a physician / QHP	24	0.058	0.00	1.28	1.60	2.50	100.00	27.5		6	20	28	39	60		0	1	8	60	1100
100%	Geriatrics	99491	CCM provided personally by a physician / QHP	65	0.067	0.00	1.50	2.00	2.50	100.00	30		0	20	30	45	158		0	1	15	50	2000
82%	Neurology	99491	CCM provided personally by a physician / QHP	50	0.054	0.50	1.44	1.67	2.11	5.20	31		1	22	31	47	120		0	0	4	40	2592
75%	Other: Pediatric/ Endocrinology	99491	CCM provided personally by a physician / QHP	4	0.060	1.00	1.60	2.00	5.40	15.00	34		10	25	34	39	43		3	8	13	16	320
	REC	99491	CCM provided personally by a physician / QHP		0.048	1.45					30				30								

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
99491 Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

Global Period: XXX Meeting Date: April 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
RUC advisors from all of the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

We chose to compare to similar services with varying times, the major difference is that the new code 994X7 is unlike the three below in that a major portion of the work is done by the physician. This does not mean that all work is done by physician, there is still work necessary by clinical staff.

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

99487 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;

99489 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

Service Period Clinical Activities:

Intra-Service (of Service Period): ***(Service Period is Calendar Month for this 994X7)***

The clinical staff perform the following tasks over the month the service is furnished:

- Call(s) in or email prescription(s)
- communicate with the patient or caregiver if the physician is not available
- receive, review and send tests results and other clinical information to and from other care givers
- schedule appointment(s) with other healthcare providers and outside agencies
- take call(s) from patient or contact patient when MD available for call

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Detail breakout of Intra-service Clinical Staff:

Five minutes per month in relaying/communicating patient messages,
five minutes in communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
and five minutes for coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP for a total time of 15 minutes.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
99491 Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored / / (Do not report 994X7 in the same calendar month as 99487, 99489, or 99490) / (Do not report 99340, 99339 with 994X7)

Global Period: XXX Meeting Date: April 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
RUC advisors from all the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

We chose to compare to similar services with varying times, the major difference is that the new code 994X7 is unlike the three below in that a major portion of the work is done by the physician. This does not mean that all work is done by physician, there is still work necessary by clinical staff.

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

99487 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;

99489 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

Intra-Service (of Service Period): ***(Service Period is Calendar Month for this 994X7)***

The clinical staff perform the following tasks over the month the service is furnished:

- Call(s) in or email prescription(s)
- communicate with the patient or caregiver if the physician is not available
- receive, review and send tests results and other clinical information to and from other care givers
- schedule appointment(s) with other healthcare providers and outside agencies
- take call(s) from patient or contact patient when MD available for call

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Detail breakout of Intra-service Clinical Staff:

Five minutes per month in relaying/communicating patient messages,
five minutes in communication with patient and/or pharmacy for prescription refills, prior authorizations or clarifications (assisting physician with paperwork for DME may be included here, or separately)
and five minutes for coordination with outside agencies or other providers (i.e. Obtaining referral forms, tracking down documentation of care received outside the primary care office or tracking down results on tests ordered by provider other that the PCP for a total time of 15 minutes.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

Tab 9 CCM by Physician 994X7

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**	
2		**Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells*				**G0181**		**99490**		**99487**		**99489**		**99491**	
3		***RUC Collaboration Website***													
4	**Clinical Activity Code**	**Meeting Date: April 2017** **Tab: 9** **Specialty: AGS, AAFP, ACP, AAN**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not		Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care		Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions		Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions		Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**36.0**	**0.0**	**20.0**	**20.0**	**60.0**	**60.0**	**30.0**	**30.0**	**15.0**	**15.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**18.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**18.0**	**0.0**	**20.0**	**20.0**	**60.0**	**60.0**	**30.0**	**30.0**	**15.0**	**15.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**L037D**	RN/LPN/MTA	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**													
12		**Start: Following visit when decision for surgery or procedure made**													
13	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA	3									
14	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA										
15	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA										
16	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA										
17	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7, 000/10 DAY: NF0, F0* *See Instructions for extensive/minimal use guidelines	L037D	RN/LPN/MTA										
18	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes. For use in imaging services.	L037D	RN/LPN/MTA										
19	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute. For use in imaging services.	L037D	RN/LPN/MTA										
20	CA008	Perform regulatory mandated quality assurance activity (pre-service)	This is NOT standard. Rationale must be included on PE SOR.	L037D	RN/LPN/MTA	15									
27		**End: When patient enters office/facility for surgery/procedure**													
28		**SERVICE PERIOD**													
29		**Start: When patient enters office/facility for surgery/procedure:**													
30		**Pre-Service (of service period)**													
46		**Intra-service (of service period)**													
47	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA										
48	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67% of physician intra-service time)	This is NOT standard	L037D	RN/LPN/MTA										
49	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other% of physician intra-service time)	This is NOT standard Percentage must be included on PE SOR	L037D	RN/LPN/MTA										
50	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L037D	RN/LPN/MTA	18	0	20	20					15	15
51	CA021	Perform procedure/service---NOT directly related to physician work time	This is NOT standard	L051A	RN					60	60	30	30		
57		**Post-Service (of service period)**													
79		**End: Patient leaves office**													
80		**POST-SERVICE PERIOD**													
81		**Start: Patient leaves office/facility**													
97		**End: with last office visit before end of global period**													
98	**Medical Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**										
99	SA048	pack, minimum multi-specialty visit		1.143	pack	0	0	0	0	0	0	0	0	0	0
105		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*													
106	**Equipment Code**	**EQUIPMENT**	Please select the equipment formula you intend to use for each equipment item from the dropdown list in column E under equipment. If you select "Other formula" please explain in PE SoR. You must also include an excel formula adding the equipment minutes used in columns J and K (this will not be automatic). Please see key in equipment tab for clinical activities included in each equipment formula.	**PRICE**	**EQUIPMENT FORMULA**										
107	EF023	table, exam		1338.17		0	0	0	0	0	0	0	0	0	0
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Chronic Care Management

In May 2012, the CPT Editorial Panel created three new codes to describe complex chronic care management services that are patient-centered management and support services. These CPT codes were designed to describe a complex patient who requires changes in the care plan and significant clinical staff resources (i.e., typically 60 minutes of nurse care coordination in a calendar month). In the MPFS Final Rule for 2014, CMS broadened the proposal to capture all patients receiving 20 minutes or more of clinical staff management time to address two or more chronic conditions, expected to last at least 12 months or until the death of the patient, that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.

A number of specialty societies submitted a coding change proposal to the CPT Editorial Panel to establish one new CPT code for chronic care management (CCM). The proposed code for CCM has the same descriptor as the G code proposed by CMS. In February 2014, the CPT Editorial Panel created a new code to describe chronic care management and new introductory language. CPT decided to retain CPT codes 99487 and 99489 and to delete CPT code 99488, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month* (the complex chronic care management (CCCM) code that included a face-to-face visit). The CPT coding structure starting in January 2015 will be as follows: 99487 and 99489 will exist as a family of two codes that, when appropriate, will be used together to describe *complex* chronic care management per calendar month for 60 minutes of clinical staff time and add-on for 30 minutes of clinical staff time; 99490 will exist as a separate stand-alone code to describe chronic care management per calendar month with at least 20 minutes of clinical staff time.

The RUC noted it was important that 99490 be surveyed on its own, with only the new CPT instructions for 99490 available to respondents. The specialty societies indicated that codes 99487 and 99489 were not included on the reference service list, so the respondents would not confuse the new code with CPT codes 99487 and 99489. The specialty societies noted that the clinical staff time for the other non-face-to-face chronic care management code, 99487, was not surveyed back in 2012 because the descriptor specified "60 minutes" of clinical staff time was required to report 99487. However, the descriptor for 99490 says "*at least 20 minutes of clinical staff time.*" Therefore, the actual staff time is not specified, so the specialty societies determined it was important to survey for "typical" clinical staff time in order to make sure the code was accurately valued. Two questions regarding the amount of clinical staff time were added to the survey: one for the amount of time spent by clinical staff performing clinical staff activities and a second question asking how much physician time was spent performing clinical staff activities. It is important to note that the standard questions for physician work and physician time spent on supervision were also asked. Therefore, the survey asked three questions regarding time in this survey: (2a) asked about physician time spent supervising, (2b) asked about clinical staff activities

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

performed by clinical staff and (2c) asked about clinical staff activities performed by the physician. *Please see the attached document and spreadsheet providing this additional information on clinical staff time further breakdown.*

99490 ***Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:***

- ***multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,***
- ***chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,***
- ***comprehensive care plan established, implemented, revised, or monitored***

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

The RUC reviewed the survey results from 338 physicians for CPT code 99490 and determined that the survey 25th percentile work RVU of 1.00 and 30 minutes intra-service time appropriately accounted for the work required to perform this service. The specialty societies indicated and the RUC agreed that the physician work of supervising chronic care management required for 99490 is the same as 99487 *Complex chronic care management* (RUC recommended work RVU = 1.00), which also includes 60 minutes of clinical staff time. The RUC noted that the survey median work RVU of 1.50 would cause a rank order anomaly. The RUC also compared 99490 to the key reference service 99214 and determined that the work and physician time required to perform 99490 is less, therefore is appropriately valued lower. The RUC confirmed the proper rank order with the following Evaluation and Management services: 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician* (work RVU = 1.10), 99339 *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities…15-29 minutes* (work RVU = 1.25), 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 1.42) and 99340 *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities…30 minutes or more* (work RVU = 1.80). For additional support the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report* (work RVU = 0.85). **The RUC recommends a work RVU of 1.00 for CPT code 99490.**

New Technology/New Services List:
The specialty societies requested and the RUC agrees that CPT code 99490 be added to the new technology/new services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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Practice Expense
The Practice Expense Subcommittee noted that typical clinical staff type providing the service is an RN (L051A) not an RN/LPN/MTA (L037D) blend for 60 minutes of clinical staff time. The PE Subcommittee recognized that, under certain circumstances, other individuals with less than an RN degree may be performing components of these services up to the extent allowable by their states' scope of practice. However, the PE Subcommittee valued this service as the typical scenario as an RN performing this service. The RN is assessing a patient with multiple chronic conditions and of all the physicians queried in providing these services over the last decade, all indicated they have worked only with an RN. **The RUC recommends 60 minutes of clinical labor time performed by an RN (L051A) as recommended by the Practice Expense Subcommittee.**

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~Complex Chronic~~ Care ~~Coordination~~Management Services ~~Complex chronic care coordination~~Care management services are ~~patient centered~~ management and support services provided by ~~physicians~~clinical staff, under the direction of a physician or other qualified health care professional~~s~~, ~~and clinical staff~~ to a~~n individual who resides~~ patient residing at home or in a domiciliary, rest home, or assisted living facility. ~~These services typically involve clinical staff developing~~Services may include establishing, ~~substantially~~implementing, revising, ~~and implementing a care plan under direction of the physician~~ or ~~other qualified health care professional. Substantial revision to a~~monitoring the care plan ~~typically occurs when~~, coordinating the ~~patient's clinical condition changes sufficiently (eg, identification of a new problem requiring additional interventions, introduction of new interventions because existing interventions are deemed ineffective, exacerbation~~care of ~~an existing problem requiring new interventions) to require more intensive staff monitoring, changes in the treatment regimen~~other professionals and agencies, and ~~additional time to educate~~educating the patient ~~and/~~or caregiver about the patient's condition ~~and/or change in treatment~~, care plan, and prognosis. The~~se services address the coordination of care by multiple professionals, disciplines, and/~~ physician or ~~community service agencies. The reporting individual~~other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, ~~and instrumental~~ and ~~basic~~ activities of daily living ~~(IADL/ADL)~~. ~~Patients who require complex chronic care coordination services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits. Typical adult patients take or receive three or more prescription medications and may also be receiving other types of therapeutic interventions (eg, physical therapy, occupational therapy) and have two or more chronic continuous or~~				

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.~~

~~Typical pediatric patients receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy) and have two or more chronic continuous or episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Because of the complex nature of their diseases and morbidities, these patients commonly require the coordination of a number of specialties and services. In some cases, due to inability to perform IADL/ADL and/ or cognitive impairment the patient is unable to adhere to the treatment plan without substantial assistance from a caregiver. For example, patients may have medical and psychiatric behavioral co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care. Social support requirements or access to care difficulties may cause a need for these services. Medical, functional, and/or psychosocial problems that require medical decision making of moderate or high complexity and extensive clinical staff support are required. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is not only applied to the face-to-face services, but is determined by the nature of the problems addressed by the reporting individual during the month.~~

A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental ~~(re)~~assessment ~~and an inventory of resources and supports~~. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

Codes ~~99487-9948~~99487, 99489, 99490 are reported only ~~**once**~~once per calendar month ~~and include all non-face-to-face complex chronic care coordination services~~ and ~~none or 1 face-to-face office or other outpatient, home, or domiciliary visit. Physicians or other qualified health care professionals may not report care coordination services if the care plan is unchanged or requires minimal change (eg, only a medication is changed or an adjustment in a treatment modality is ordered). Codes 99487-99489~~ may only be reported by the single physician or other qualified health care professional who assumes the care ~~coordination~~management role with a particular patient for the calendar month.

~~Code selection is as follows:~~

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~Code 99487 is reported when, during the calendar month, there is no face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities. 99488 is reported when, during the calendar month, there is a face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities.~~

The face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals and agencies; revising, documenting and implementing the care plan; or teaching self-management is used in determining the ~~complex chronic~~ care ~~coordination~~management clinical staff time for the month. Only the time of the clinical staff of the reporting professional is counted. Only count the time of one clinical staff member when two or more clinical staff members are meeting about the patient. **Note:** Do not count any clinical staff time ~~on the date of the first visit or~~ on a day when the physician or qualified health care professional reports an E/M service (office or other outpatient services ~~99211-99215~~99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services ~~99334-99337~~99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services ~~99347-99350~~99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350).

Care ~~coordination~~management activities performed by clinical staff typically include:

- communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/~~caretaker~~caregiver education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;

development, communication, and maintenance of a comprehensive care plan.

The care ~~coordination~~management office/practice must have the following capabilities:

- provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

week;

- provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;
- provide timely access and management for follow-up after an emergency department visit or facility discharge;
- utilize an electronic health record system so that care providers have timely access to clinical information;
- ~~use~~ use a standardized methodology to identify patients who require ~~chronic complex~~ care ~~coordination~~management services;
- have an internal care ~~coordination~~management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner;
- use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

~~If a face-to-face visit was provided during the month by the physician or other qualified health care professional, report 99488. Additional~~ E/M services ~~beyond the first visit~~ may be reported separately by the same physician or other qualified health care professional during the same calendar month. ~~Complex care coordination~~Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), anticoagulant management (99363, 99364), medical team conferences (~~99366-9936899366, 99367, 99368~~), education and training (~~98960-9896298960, 98961, 98962~~, 99071, 99078), telephone services (~~98966-9896899366, 99367, 99368~~, ~~99441-9944399441, 99442, 99443~~), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (~~99605-9960799605, 99606, 99607~~) and, if performed, these services may not be reported separately during the month for which ~~99487-9948999487, 99489~~ are reported. All other services may be reported. Do not report ~~99487-9948999487, 99489, 99490~~ if reporting ESRD services (90951-90970) during the same month. If the ~~complex chronic~~ care ~~coordination~~management services are performed within the postoperative period of a reported surgery, the same individual may not report ~~99487-9948999487, 99489, 99490~~.

~~Complex chronic care coordination can~~Care management may be reported in any calendar month during which the clinical staff time requirements are met. If care ~~coordination~~management resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report Transitional Care Management Services. Do not report ~~99487-9948999487, 99489, 99490~~ for any post-discharge ~~complex chronic~~ care ~~coordination~~management services for any days within 30 days of discharge, if reporting 99495, 99496.

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~Total Duration of Staff Care Coordination Services~~	~~Code(s)~~
~~Less than 30 minutes~~	~~Not reported separately~~
~~31 to 74 minutes (31 minutes - 1 hr. 14 min.)~~	~~99487 or 99488 x 1~~
~~75 - 104 minutes (1 hr. 15 min. - 1 hr. 44 min.)~~	~~99487 or 99488 x 1 and 99489 x 1~~
~~5 minutes or more (1 hr. 45 min. or more~~	~~99487 or 99488 x 1 and 99489 x 2 or more for each additional 30 minutes~~

Chronic Care Management Services

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Code 99490 is reported when, during the calendar month, at least 20 minutes of clinical staff time is spent in care management activities.

●99490	PP1	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ comprehensive care plan established, implemented, revised, or	XXX	1.00

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		monitored. (Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately		

Complex Chronic Care Management Services

Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services as well as establishment or substantial revision of a comprehensive care plan; medical, functional, and/or psychosocial problems requiring medical decision making of moderate or high complexity; and clinical staff care management services for at least 60 minutes, under the direction of a physician or other qualified health care professional. Physicians or other qualified health care professionals may not report complex chronic care management services if the care plan is unchanged or requires minimal change (eg, only a medication is changed or an adjustment in a treatment modality is ordered). Medical decision making as defined in the Evaluation and Management (E/M) guidelines is determined by the problems addressed by the reporting individual during the month.

Patients who require complex chronic care management services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits.Typical adult patients who receive complex chronic care management services are treated with three or more prescription medications and may be receiving other types of therapeutic interventions (eg, physical therapy, occupational therapy). Typical pediatric patients receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy). All patients have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Typical patients have complex diseases and morbidities and, as a result, demonstrate one or more of the following:

- need for the coordination of a number of specialties and services;
- inability to perform activities of daily living and/or cognitive impairment resulting in poor adherence to the treatment plan without substantial assistance from a caregiver;
- psychiatric and other medical co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care; and/or
- social support requirements or difficulty with access to care.

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
99487 (e)		Complex chronic care ~~coordination~~management services, with the following required elements: ▪ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, ▪ chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ▪ establishment or substantial revision of a comprehensive care plan, ▪ moderate or high complexity medical decision making; ▪ 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. ~~first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month~~ (Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)	XXX	1.00 (No Change)
~~99488~~		~~first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month~~ (99488 has been deleted. To report one or more face-to-face visits by the physician or other qualified health care professional that are		N/A

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		performed in the same month as 99487, use the appropriate E/M code(s).)		
✚ 99489 (e)		each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (Report 99489 in conjunction with 99487~~, 99488~~) (Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex chronic care management services during a calendar month)	ZZZ	0.50 (No Change)
(Do not report 99487-9948990X during the same month with 90951-90970, 98960-98962, 98966-98969, 99071,99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, 99363, 99364, 99366-99368, 99374-99380, 99441-99444, 99495, 99496, 99605-99607) *Coding Tip* Time of care ~~coordination~~management with the emergency department is reportable using 99487-994~~89~~90, but time while the patient is inpatient or admitted as observation is not. If the physician personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99490 Tracking Number PP1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor:
Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, Comprehensive care plan established, implemented, revised, or monitored. (Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75 year old man with diabetes, claudication and mild congestive heart failure, status post myocardial infarction with mild dementia who had a peripheral arterial stent placed six weeks ago during a hospitalization for treatment of a foot ulcer. He lives with his daughter, participates in remote monitoring programs and is being treated by two specialists in addition to his primary care physician.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Chronic care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional, to a patient residing at home or in a domiciliary, rest home, or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional when medical and/or psychosocial needs of the patient require establishing and implementing, revising or monitoring the care plan. Services typically include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.
A plan of care must be documented and shared with the patient and/or caregiver. A care plan is based on a physical, mental, cognitive, social, functional, and environmental assessment. It is a comprehensive plan of care for all health problems. It typically includes, but is not limited to, the following elements: problem list, expected outcome and prognosis, measurable treatment goals, symptom management, planned interventions, medication management, community/social

services ordered, how the services of agencies and specialists unconnected to the practice will be directed/coordinated, identification of the individuals responsible for each intervention, requirements for periodic review, and, when applicable, revision of the care plan.

The care management office/practice must have the following capabilities:
Provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week; provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; provide timely access and management for follow-up after an emergency department visit or facility discharge; utilize an electronic health record system so that care providers have timely access to clinical information; use a standardized methodology to identify patients who require care management services; have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner; use a form and format in the medical record that is standardized within the practice; be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient..

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	John Agens, MD (AGS), Thomas Weida, MD (AAFP), Marianna Spinaki, MD, PhD (AAN), Mary Newman, MD (ACP), Joseph Schlecht, DO (AOA), Robert DeMarco, MD (ACCP), Katina Nicolacakis, MD (ATS), Michael Lill, MD, (ASBMT), Phillip Rodgers, MD, Charles Crecelius, MD					
Specialty(s):	American Geriatrics Society (AGS), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Gastroenterological Association (AGA), American Society of Gastrointestinal Endoscopy (ASGE), American College of Gastroenterology (ACG), American Society of Bone and Marrow Transplantation (ASBMT), and American Thoracic Society (ATS).					
CPT Code:	99490					
Sample Size:	13756	**Resp N:**	338	**Response:** 2.4 %		
Description of Sample:	Random					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**25.00**	100.00	3000.00
Survey RVW:	0.00	1.00	**1.50**	2.00	5.25
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	20.00	**30.00**	45.00	240.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99490	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	9,935,740

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99309	XXX	1.55	**RUC Time**	7,693,411

CPT Descriptor 2 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 101 **% of respondents:** 29.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 99490**	**Key Reference CPT Code:** 99214	**Source of Time RUC Time**
Median Pre-Service Time	0.00	5.00	
Median Intra-Service Time	30.00	25.00	
Median Immediate Post-service Time	0.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.87	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.10	4.05
Urgency of medical decision making	3.57	3.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.62
Physical effort required	3.11	3.18
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.26	4.15
Outcome depends on the skill and judgment of physician	4.14	4.04

Estimated risk of malpractice suit with poor outcome	3.24	3.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	3.97	3.97
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

There were 338 responses to the survey request. The following societies participated in distributing the survey: American Geriatrics Society (AGS), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Gastroenterological Association (AGA), the American Society of Gastrointestinal Endoscopy (ASGE), the American College of Gastroenterology (ACG), and the American Society for Blood and Marrow Transplantation (ASBMT). These societies represent allopathic and osteopathic physicians, nurse practitioners, and physician assistants. The summary tables included with the material submitted by the specialty societies contain total and breakout survey results. With the approval of the Research Subcommittee, the specialty societies modified the survey tool for the purpose of surveying the clinical staff time for the service and the amount of physician time spent performing clinical staff activities.

Background

A multi-specialty and multi-discipline expert panel ("panel") reviewed the survey results and developed the following rationale for the recommended work value for this Chronic Care Management (CCM) code, 99490.

Code 99490 is conceptually similar to code 99487, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month*. On November 27, 2013 in the Medicare Physician Fee Schedule Final Rule for Calendar Year 2014, CMS announced that it had decided to create a CCM service effective January 1, 2015, and finalized a proposal to establish a G code to describe the service. In response to this, announcement, a number of specialty societies submitted a coding change proposal to establish a new CPT code for CCM. The proposed code for CCM had the same descriptor as the G code established by CMS. In addition to creating the new CPT code, the CPT Editorial Panel, at their February 2014 meeting, created new introductory language specifically for the new CCM code. CPT decided to retain 99487 and 99489 and to delete 99488, *Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month* (the complex chronic care coordination (CCCC) code that included a face-to-face visit). Most importantly, the CPT structure starting in January 2015 will be as follows: 99487 and 99489 will exist as a family of two codes that, when appropriate, will be used together; 99490 will exist as a separate stand-alone code, in part because CMS declined to establish an add-on code (like 99489) for 99490. Physicians are likely to choose to use 99487/99489 OR 99490 depending on individual payer requirements and policy.
Therefore, it was critically important that 99490 be surveyed on its own, with only the new CPT instructions for 99490 available to respondents. Additionally, codes 99487 and 99489 were not included on the RSL, so the respondents would not confuse the new code with 99487/99489. This is why only the new CPT guideline language for 99490 was included in the survey - and not the guideline language for 99487.

CCM describes non-face-to-face management of a patient, over a calendar month, and requires at least 20 minutes of clinical staff time under the direction of a physician or other qualified health care professional. Because the code requires

"at least 20 minutes of clinical staff time," the surveying specialties decided to survey clinical staff time in addition to physician time and work. Importantly, the specialties heard that, in some cases, physicians are not only directing the service but also acting as clinical staff. Therefore, the specialties also surveyed physician time spent performing clinical staff activities and asked the respondents to separate the time spent directing the service from the time spent performing clinical staff activities (if the respondent performed clinical staff activities). Lastly, the survey specifically requested that the work RVU be based only on the time spent directing CCM - and not on the time spent performing clinical staff activities. Adding these questions allowed the specialties to address some of the concerns raised by the RUC about the survey for 99487, and to make recommendations for: (1) physician time spent directing CCM, (2) physician work spent directing CCM and (3) total clinical staff time (i.e., the sum of clinical staff time as reported in question 2b and physician time spent performing clinical staff activities as reported in question 2c).

In reviewing the survey results, the expert panel kept in mind that 99490 is a stand-alone code that is reported only once no matter how much physician and staff time is spent performing the service, after the minimum of 20 minutes of clinical staff time has been reached. This is not akin to 99487 which had to be valued relative to 99489. The panel agreed that Code 99490 should be valued relative to the combination of 99487/99489, as it is a stand-alone alternative to those codes.
The panel also acknowledged that 99490 does not include physician or clinical staff time or work performed for unrelated activities.

All physician time in the CCM and CCCC codes is considered intra-service time, because it includes all time spent during a calendar month.

Reference Services

For 99490, the key reference service was 99214:

- 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family* with a work RVU of 1.5 and total time of 40 minutes (5/25/10).

The survey median RVU for 99490 was 1.50 with a total physician time of 30 minutes to direct the service; the survey 25th percentile for work was 1.00 and the 25th percentile for time was 20 minutes to direct the service.

Recommendation and Rationale

The multi-specialty expert panel reviewed the survey data and considered the placement of 99490 into proper rank order with 99487 and other non-face-to-face E/M codes.

Code	Description	Work RVU	Intra-service Time	Total Time
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	1.25	20	40
99340	Individual physician supervision of a patient	1.80	30	60

	(patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more			
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	1.10	30	40
90832	Psychotherapy, 30 minutes with patient and/or family member	1.50	30	45
99203	New Patient Visit	1.42	20	29

The care plan oversight codes 99339 and 99340 are reported for patients who are clinically less complex than patients who receive CCM services. Specifically, there is oversight and management of only a portion of the patient's care, namely the problems that make the patient eligible for home care or hospice care. Care plan oversight entails 30 min of physician time over the course of a month generally limited to the focus of the home or hospice care episode; for example, overseeing the nursing or therapist functions by following patient progress, as reported by those caregivers, and ensuring that the care plan is followed. The oversight includes conversations between healthcare, not family members. Oversight does not include issues such as social support, resolution of psychosocial issues and active management of functional needs. Thus, because family members and caregivers are not part of the service, the work is less stressful and more straightforward.
The team conference codes 99366, 99367 and 99368 are reported for the subset of patient problems that require care coordination - not for all their problems. Team conferences focus on those medical issues being attended to by the team members who attend the conference (e.g., physical therapy, primary care, cardiology, etc.).

The expert panel reviewed 99203 and agreed that 99490 was less intense than 99203 but that the total work was similar given that 99490 has 10 more minutes of intraservice time. The panel noted that 90832 is a focused time limited visit while 99490 addresses many medical, psychosocial and functional activity issues over an entire month.

With respect to the physician work, we believe that 99490, which has a higher intraservice time but lower total service time than code 99214 should have an identical work RVU because the total work is the same even though the total time is less. We also note that the total time spent in directing the clinical staff is in an appropriate ratio to the total clinical staff time (30/60).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) (To Be Determined)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty How often?

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? see attachment If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

Tab 28 RUC Summary CCMS (2p)

ISSUE: Chronic Care Management Service

TAB: 28

Tracking Number	Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	2.a YOUR own time MD/PA/NP supervise MIN	2.a 25th	2.a MED	2.a 75th	2.a MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY 25th	SURVEY MED	SURVEY 75th	SURVEY MAX
	Key REF	99214	Office visit for the E/M of an established patient. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	101	0.0466			1.50			40	5			25			10					
F1	RUC Rec. 2012	99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar	147	0.0385			1.00			26				26								
F3	RUC Rec. 2012	99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	147	0.0385			0.50			13				13								
PP1	SVY-T	99490	Chronic Care Management Service	338	0.0500	0.00	1.00	1.50	2.00	5.25	30		1	20	30	45	240		0	1	25	100	3000
SVY	AGS	99490	Chronic Care Management Service	135	0.0500	0.00	1.05	1.50	2.03	5.00	30		1	20	30	45	180		0	5	40	120	2000
SVY	AOA	99490	Chronic Care Management Service	55	0.0500	0.00	0.94	1.50	1.80	2.89	30		4	20	30	43	240		0	0	20	55	3000
SVY	ASBMT	99490	Chronic Care Management Service	40	0.0483	0.00	1.00	1.93	2.11	5.25	40		5	25	40	60	180		0	1	25	100	2000
SVY	AAN	99490	Chronic Care Management Service	34	0.0453	0.20	0.76	1.36	1.78	5.00	30		10	21	30	39	120		0	0	10	100	800
SVY	AAFP	99490	Chronic Care Management Service	27	0.0583	0.00	1.30	1.75	2.00	3.00	30		5	20	30	30	200		0	5	20	300	1200
SVY	ACP	99490	Chronic Care Management Service	23	0.0450	0.20	0.90	1.35	1.95	2.50	30		10	20	30	40	90		0	1	10	40	1000
SVY	ACCP & ATS	99490	Chronic Care Management Service	15	0.0500	0.05	1.00	1.50	2.48	3.20	30		10	20	30	40	60		0	2	30	113	500
SVY	AGA-ASGE-ACG	99490	Chronic Care Management Service	9	0.0667	0.10	1.50	2.00	2.00	2.25	30		10	15	30	35	120		3	5	12	60	200
PP1	REC	99490	Chronic Care Management Service	338	0.0333			1.00			30				30								

Tab 28 RUC Summary CCMS (2p)

ISSUE: Chronic Care Management Service

TAB: 28

Tracking Number	Source	CPT	Short DESC	2.b Clinical Staff Time					2.c Clinical Staff time by MD/PA/NP				
				MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX
	Key REF	99214	Office visit for the E/M of an established patient. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.										
F1	RUC Rec. 2012	99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar										
F3	RUC Rec. 2012	99489	Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month										
PP1	SVY-T	99490	Chronic Care Management Service	0	30	45	60	320	0	5	15	30	240
SVY	AGS	99490	Chronic Care Management Service	0	30	45	60	200	0	6	15	25	120
SVY	AOA	99490	Chronic Care Management Service	4	25	40	60	320	0	8	20	30	180
SVY	ASBMT	99490	Chronic Care Management Service	15	35	45	60	200	0	8	23	30	240
SVY	AAN	99490	Chronic Care Management Service	0	20	40	60	120	0	5	10	24	90
SVY	AAFP	99490	Chronic Care Management Service	10	23	45	60	180	0	4	10	15	150
SVY	ACP	99490	Chronic Care Management Service	15	20	30	65	120	0	10	20	27	90
SVY	ACCP & ATS	99490	Chronic Care Management Service	20	25	45	58	150	5	13	20	28	60
SVY	AGA-ASGE-ACG	99490	Chronic Care Management Service	15	30	30	45	240	0	4	15	20	150
PP1	REC	99490	Chronic Care Management Service			60							

Additional Information on Clinical Staff Time for CCM Code 99490

Below is additional information clarifying the amount of time that is spent performing clinical staff activities for 99490. Please review the attached table after reading the below.

The clinical staff time for the other non-face-to-face chronic care management code, 99487, was not surveyed back in 2012 because the descriptor specified "60 minutes" of clinical staff time was required to report 99487. However, the descriptor for 99490 says "***at least 20 minutes of clinical staff time.***" Therefore, the actual staff time is not specified so it was important to survey for "typical" clinical staff time in order to make sure the code was accurately valued for clinical staff time. Two questions regarding the amount of clinical staff time were added to the survey: one for the amount time spent by clinical staff performing clinical staff activities and a second question asking how much physician time was spent performing clinical staff activities. It is important to note that the standard questions for physician work and physician time spent on supervision (which was the time upon which the work RVU was based) were also asked; therefore there were three questions regarding time in this survey: (2 a) asked about physician time spent supervising, (2 b) asked about clinical staff activities performed by clinical staff and (2 c) asked about clinical staff activities performed by the physician.

If you look at the yellow line tracking number PP1 on the *attached table* - that is the response from the entire survey - you can see the median clinical staff time spent by clinical staff is 45 minutes while the median clinical staff time spent by a physician or other mid-level practitioner is 15 minutes. If you add these amounts you get a total of 60 minutes of time spent performing clinical staff activities and this was the request from the specialty societies and the recommendation of the RUC. The RUC heavily considered the subgroup analysis, also included on the attached table, when developing its recommendation.

As support the specialty societies also offered a sub analysis of the data, the green row, titled tracking # 11 which contains only data from 61 physicians who responded that **they did not perform any clinical staff work** (i.e., all clinical staff work was spent by clinical staff meaning that question 2 c was answered as "0"). The median clinical staff time for this group of physicians was 60 minutes, supporting our recommendation for 60 minutes of clinical staff time. If you look at the red row, titled tracking # 12 which contains the responses from those physicians who responded that 1 or more minutes of clinical staff time was performed by a physician or mid-level practitioner, the total time for clinical staff activities is 65 minutes - the sum of the medians of the time spent by clinical staff, 45 minutes, and the time spent by the physician, 20 minutes.

In summary, the survey data, whether analyzed in total or by the pertinent subgroups, supports assignment of 60 minutes of clinical staff time to 99490.

Physician Personally Perform Clinical Activities
vs
Physician Does Not Perform Clinical Activities

ISSUE: Chronic Care Management Service

TAB: 28

Tracking Number	Source	CPT	Short DESC	Survey Resp	Physician Work & Physician Supervision Time: IWPUT	RVW 25th	RVW MED	RVW 75th	Total Time	2.a Physician INTRA time MD/PA/NP supervise clinical staff 25th	2.a MED	2.a 75th	Time Spent Performing Clinical Staff Activities: 2.b Clinical Staff Activities: Time Spent by Clinical Staff MIN	2.b 25th	2.b MED	2.b 75th	2.c Clinical Staff Activities: Time spent by Physician, APN, PA 25th	2.c MED	2.c 75th
PP1	SVY-Total April 2014	99490X	Chronic Care Management Service	338	0.0500	1.00	1.50	2.00	30	20	30	45	0	30	45	60	5	15	30
11	MD (0) Does NOT perform any Clinical	99490X	Chronic Care Management Service	61	0.0500	0.97	1.50	2.00	30	25	30	60	0	30	60	80	0	0	0
12	MD personally performs some of clinical	99490X	Chronic Care Management Service	277	0.0500	1.00	1.50	2.00	30	20	30	45	0	25	45	60	10	20	30
	RUC REC	99490X	Chronic Care Management Service	338	0.0333	1.00			30		30				60			0	

Chronic Care Management Services

Utilization Projections

Projected Number of Medicare Beneficiaries Eligible to Receive CCCC[1/2]						**3,221,481**
Number of Chronic Conditions	2	3	4	5+	Total	
Beneficiaries	5,836,109	5,831,371	4,289,659	5,817,468	21,774,607	
% with Functonal Impairment	9%	10%	14%	26%		
Number with Functional Impairment	525,250	583,137	600,552	1,512,542	**3,221,481**	

Number of Beneficiaries who will have access to practice that is advanced medical home		
Measure readiness by review of Primary Care physicians who met Meaningful Use for EMR, Stage 1[3]	17.8%	
Multiple this number by two to be conservative as others are adopting EMR/advanced practice models	x 2	
Percent of Practices Capable (also estimated from practice size/type from HSC Community Tracking Study)[4]	40.0%	**1,288,592**
Based on Care Plan requirements, potential to report other services (TCM, G0181, etc), estimate # of CCCC per patient/ per year		**6**

Note: As we observed with Transitional Care Management services, we believe the potential utilization will not be realized in year one, rather would be phased in over multiple years.

Number of Potential CCCC Codes (99490X) Reported per year **7,731,554**

2015 Code	Estimate% Utilization split* between the codes	Distribution between codes (if CMS only approves (1) code this will be the code billed.)	2015 Work RVU	Total Projected Work RVUs	% 99214/99215 Avoided/ Replaced	# of 99214/99215 Avoided/Replaced	99214 Work RVUs Saved (1.50)[5]	99215 Work RVUs Saved (2.11)[5]
99490	**1.00**	7,731,554	1.00	7,731,554	20%	1,546,311	2,087,520	326,272
Total	100%	**7,731,554**		7,731,554			2,087,520	326,272

Projected Additional Work RVUs for 2014 - Offset by Avoided/Replaced Office Visits	**5,317,763**
Projected Required Conversion Factor Offset (without ED/Hospital Offset) (2014 CF $35.8228)	**$190,497,156**

Assume a 5% reduction in emergency department visits for these patients			
Number of Patients assumed to be qualify and have access to CCCC codes	1,288,592		
Percent of these patients with emergency department visits in year[2]	30%		
Assume 5% of the potential visits would be eliminated due to CCCC service	5%	19,329	
Offset Work RVUs from Avoided Emergency Department Visits[6]			**-$2,287,738**
Assume a 5% reduction in hospitalizations for these patients			
Number of Patients assumed to be qualify and have access to CCCC codes	1,288,592		
Percent of these patients with hospitalizations visits in year[2]	40%		
Assume 5% of the potential hospitalizations would be eliminated due to CCCC service	5%	25,772	
Offset Work RVUs from Avoided Hospitalizations[7]			**-$5,735,964**
Projected Required Conversion Factor Offset (with ED/Hospital Offset)			**$182,473,453**

1 http://www.thescanfoundation.org/sites/thescanfoundation.org/files/1pgdatabrief_no20.pdf

2 http://www.thescanfoundation.org/sites/thescanfoundation.org/files/1pg_databrief_no25.pdf

3 http://www.nejm.org/doi/pdf/10.1056/NEJMc1213481

4 http://www.hschange.com/CONTENT/941/?topic=topic22#ib1

(Practices with 3 or more physicians, including hospital owned outpatient practices / 36% = 9.8+17.6+4.2+12(40%))

5 10% of all 99214 and 99215s billed are at the highest level of 99215 - same ratio utilized in this assumption

6 Use same ratio of overall reporting of 99284 (40%) to 99285 (60%)

7 Assume typical hospitalization would include 1 admission (99222 (40%)/99223 (60%), 1 subsequent hospital visit (99232 (70%)/99233 (30%), and one discharge day 99238)

CPT Code:_99490___
Specialty Society(‘s)_AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- comprehensive care plan established, implemented, revised, or monitored

(Chronic care management services of less than 20 minutes duration, in a calendar month, are not reported separately)

Global Period:_XXX_ Meeting Date: _April 2014____
NOTE: Services are per patient, per calendar month.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies met by phone and email to develop the inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code **99487**
Rationale:

We believe this service will utilize a case manager that is an RN, rather than the RN/LPN mix as outlined in the 2014 final rule practice requirement for the CMS “G” code, which is most similar to 99490. The 2014 final rule is correct to identify that the work of the case manager is, at a minimum, at the RN level or higher.

Code 99487 (*Complex chronic care management services with the following required elements;*

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
- establishment or substantial revision of a comprehensive care plan,
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

(Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

None

Intra-Service Clinical Labor Activities:

Chronic care management activities performed by clinical staff typically include:

- communication and engagement with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above;
- development, communication, and maintenance of a comprehensive care plan.

Post-Service Clinical Labor Activities:

None

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**50.0**	**0.0**	**60.0**	**0.0**	**20.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**41.0**	**0.0**	**60.0**	**0.0**	**20.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify: Review/read X-ray, lab, pathology reports*	L037D	RN/LPN/MTA	**3**					
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**					
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**					
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**					
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**					
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**					
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**11**					
41	*Other Clinical Activity - specify: Review/read X-ray, lab, pathology reports	L037D	RN/LPN/MTA	**13**					

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
42	*Care management activities performed by clinical staff typically include: communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care; communication with home health agencies and other community services utilized by the patient; collection of health outcomes data and registry documentation; patient and/or family/caregiver education to support self-management, independent living, and activities of daily living; assessment and support for treatment regimen adherence and medication management; identification of available community and health resources; facilitating access to care and services needed by the patient and/or family, management of care transitions not reported as part of transitional care management (99495, 99496), ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above, development and maintenance of a comprehensive care plan.*	**L037D**	**RN/LPN/MTA**			**60**		**20**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**								
47	**POST-SERVICE Period**								
48	**Start: Patient leaves office/facility**								
49	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**6**					
58	**End: with last office visit before end of global period**								
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
60	pack, minimum multi-specialty visit	SA048	pack						
61	pack, EM visit	SA047	pack	**1**					
62	**EQUIPMENT**	**CODE**							
63	otoscope-ophthalmoscope (wall unit)	EQ189		**44**					
64	table, exam	EF023		**44**					

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE		REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**99214**		**99487 (Note 2013 Description)**		**99490**	
3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**50.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**41.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	*Other Clinical Activity - *specify: Review/read X-ray, lab, pathology reports*	L037D	RN/LPN/MTA	**3**					
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**					
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**					
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**					
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**					
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**					
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**11**					
41	*Other Clinical Activity - specify: Review/read X-ray, lab, pathology reports	L037D	RN/LPN/MTA	**13**					

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1				REFERENCE CODE		REFERENCE CODE			
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3	**Meeting Date: April 2014 Tab: 28 Specialty: AAFP, AAN, ACCP, ACG, ACP, AGA, AGS, AOA, ASBMT, ATS**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no F2F visit, **per calendar month**		Chronic care management services, **at least 20 minutes** of clinical staff time directed by a physician or other qualified health care professional, **per calendar month**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
42	*Care management activities performed by clinical staff typically include: communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care; communication with home health agencies and other community services utilized by the patient; collection of health outcomes data and registry documentation; patient and/or family/caregiver education to support self-management, independent living, and activities of daily living; assessment and support for treatment regimen adherence and medication management; identification of available community and health resources; facilitating access to care and services needed by the patient and/or family, management of care transitions not reported as part of transitional care management (99495, 99496), ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M, noted above, development and maintenance of a comprehensive care plan.*	**L051A**	**RN**			**60**		**60**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**								
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48	**Start: Patient leaves office/facility**								
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58	**End: with last office visit before end of global period**								
59	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
60	pack, minimum multi-specialty visit	SA048	pack						
61	pack, EM visit	SA047	pack	**1**					
62	**EQUIPMENT**	**CODE**							
63	otoscope-ophthalmoscope (wall unit)	EQ189		**44**					
64	table, exam	EF023		**44**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2012

Complex Chronic Care Coordination Services

In response to the July 2011 Notice of Proposed Rulemaking, the CPT Editorial Panel and the AMA/Specialty Society RVS Update Committee created the Chronic Care Coordination Workgroup (C3W) to specifically address the Centers for Medicare and Medicaid Services request to ensure that care coordination services were described and valued within the Evaluation and Management services. The C3W requested that CPT consider creation of codes to describe transitional care management and monthly complex chronic care coordination services. In May 2012, the CPT Editorial Panel created three new codes to describe complex chronic care coordination services that are patient centered management and support services. These services are provided by physicians and, other qualified health care professionals to an individual who resides at home or in a domiciliary, rest home or assisted living facility, per calendar month.

Complex chronic care coordination (CCCC) services are provided to patients who typically have multiple co-morbidities and frequently, multiple medications requiring ongoing non face-to-face care coordination, the choice of code is driven by the clinical staff time over the period of a calendar month. Unlike transitional care management (TCM) services, a recent hospital discharge is not required, but the typical patient has several chronic conditions, sees multiple care providers, requires a variety of therapeutic and diagnostic services and has a management plan that requires frequent revisions. While the goal of TCM is to prevent re-hospitalization, the goal of CCCC is broader. The goals are to efficiently integrate care, maximize the patient's potential function and well-being and prevent hospitalization.

CPT code 99487 is reported for CCCC when there is no face-to-face visit during the calendar month. CPT Code 99488 is reported for CCCC when there is a face-to-face visit during the calendar month. Both CPT codes 99487 and 99488 specify 60 minutes of clinical staff time in the descriptor. Lastly, CPT code 99489 is an add-on code for each additional 30 minutes of clinical staff time for non face-to-face CCCC, which is reported with either codes 99487 or 99488.

CCCC codes 99487, 99488 and 99489 have an XXX global period. All physician and staff time appear in the intra-service time because any services provided during the 30 day service period are, by definition intra-service time. The CPT introductory language specifically describes the physician and clinical staff activities included in these services.

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99487 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

The RUC reviewed the survey results from 147 multi-specialty physicians and other qualified health care professionals for CPT code 99487. In order to maintain the proper rank order in relation to 99488 (described below), the specialty society indicated and the RUC agreed that the survey 25th percentile work RVU of 1.00 and 25th percentile time of 26 minutes are more accurate than the median survey results. The 25th percentile time also placed this service in the proper ratio compared to the clinical staff time of 60 minutes. The RUC compared 99487 to 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician* (work RVU = 1.10 and 40 minutes total time) and determined that 99487 is slightly more intense to perform. The RUC compared 99487 to GXXXX3 *Coordination of care across all of a patient's healthcare needs, provided in a Tier 3 medical home, per month* (RUC Recommended work RVU = 0.35 for 9.2 minutes of service; or a weighted work RVU per minute of .0382) and determined that the work, time and intensity are almost identical, therefore computing a work RVU of 1.00. **The RUC recommends a work RVU of 1.00 and 26 minutes intra-service time for CPT code 99487.**

99488 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

The RUC reviewed the survey results from 147 multi-specialty physicians and other qualified health care professionals for CPT code 99488. The RUC agreed with the survey respondents that the Evaluation and Management service that is most similar to the face-to-face portion of the CCCC service is 99215 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 2.11, 35 minutes intra-time, 55 minutes total time). CPT Code 99215 is used as a proxy to understand the complexity of the patient receiving the service. The RUC understands that the time of the face-to-face portion of this service may be different from that of a typical 99215. The RUC agreed that the survey median work RVU of 2.50 and 60 minutes of intra-service time appropriately accounts for the work required to perform this office visit and the 30 days of complex chronic care coordination services of CPT code 99488.

The RUC compared CPT code 99488 to the key reference service 99350 *Home visit for the evaluation and management of an established patient* (work RVU = 3.28 and 75 minutes intra-service time) and determined that the work and time required to perform the reference service is higher due to higher intra-service time. The RUC compared the service to 99496 *Transitional Care Management services with high medical decision complexity; face-to-face visit within 7 days* (RUC recommended work RVU = 3.05 and 60 minutes intra-service time), also reviewed at this meeting. The RUC determined that the physician work required to perform 99488 is less intense than 99496 for two reasons: (1) the CCCC codes require moderate or highly complex medical decision making, whereas 99496 TCM, 7 days only requires highly complex medical decision making and (2) the patient's condition is well known to the physician due to ongoing CCCC. In the case of TCM codes, the patient's condition post-discharge is not known to the physician, making the patient similar to a new patient.

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The RUC compared the 60 minutes median intra-service time in relation to the 107 minutes of total clinical staff time and determined that was appropriate. The RUC assumed the face-to-face portion of this service requires approximately 35 minutes, the same as 99215, which allows 25 minutes to perform the non face-to-face care over the calendar month.

To support the median work RVU of 2.50 and intra-service time of 60 minutes, the RUC compared 99488 to the services listed below, which require similar work, time and intensity. The relativity between code 99488 and these services is appropriate. **The RUC recommends a work RVU of 2.50 and 60 minutes of intra-service time for CPT code 99488.**

CPT Code	Descriptor	Pre-time	Intra-time	Post-time	Work RVU
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	5	45	7	2.50
95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)	5	60	5	2.45
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components	15	45	17	2.63
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	10	50	10	2.52
99488	**CCCC services; first hour of clinical staff time one face-to-face visit, per calendar month**		**60**		**2.50**

99489 Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 147 multi-specialty physicians and other qualified health care professionals for CPT code 99489. In order to maintain the proper rank order in relation to 99487, the specialty society indicated, and the RUC agreed, that 99489 is half of the physician work and time. A work RVU of 0.50 and 13 minutes intra-service time place this service in the proper ratio compared to the clinical staff time of 30 minutes. The RUC compared 99489 to GXXXX3 *Coordination of care across all of a patient's healthcare needs, provided in a Tier 3 medical home, per month* (RUC Recommended work RVU = 0.35 for 9.2 minutes of service; or a weighted work RVU per minute of .0382) and determined that the work, time and intensity are almost identical, therefore computing a work RVU of 0.50. The RUC also compared 99489 to 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.48 and 10 minutes intra-service time) and determined that the work, time and intensity maintain the appropriate relativity. **The RUC recommends a work RVU of 0.50 and 13 minutes intra-service time for CPT code 99489.**

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2013 Utilization Estimates:
The specialty societies indicated that the estimated utilization for these services will be approximately 9 million per year, representing 10% of all moderate to high complexity established office visits (99214 and 99215). The specialties also estimate that 55% of the CCCC services will be managed without a face-to-face visit using the code 99487. The estimates are projected to be: CPT code 99487 = 5,003,744, code 99488 = 3,730,064, and code 99489 = 363,909. It is estimated that fewer than 5% of patients will require in excess of 60 minutes of nurse manager non face-to-face time in one calendar month. The attached spreadsheet explains the methodology used by the specialty societies to arrive at these assumptions.

New Technology/New Services List:
The specialty society requests and the RUC agrees that CPT codes 99487, 99488, 99489 should be added to the new technology/new services list.

Practice Expense:
The RUC reviewed the direct practice expense inputs and accepted the changes as modified by the Practice Expense Subcommittee. Specifically, any duplication between the clinical staff pre and post service time of the Evaluation/Management Service and the care coordination time was removed from the recommendations. The RUC also understands that electronic medical record systems are considered to be indirect costs and, therefore, these costs are not included in the direct cost recommendations.

Complex Chronic Care Coordination Services

Complex chronic care coordination services are patient centered management and support services provided by physicians, other qualified health care professionals and clinical staff to an individual who resides at home or in a domiciliary, rest home or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional. These services address the coordination of care by multiple disciplines and community service agencies. The reporting individual provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.

Patients who require complex chronic care coordination services may be identified by algorithms that utilize reported conditions and services (eg, predictive modeling risk score or repeat admissions or emergency department use) or by clinician judgment. Typical patients have 1 or more chronic continuous or episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation or functional decline. Because of the complex nature of their diseases and morbidities, these patients commonly require the coordination of a number of specialties and services. Patients may have medical and psychiatric behavioral co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care. Social support weaknesses or access to care difficulties may cause a need for these services. Medical, functional, and/or psychosocial problems that require medical decision making of moderate or high complexity and extensive clinical staff support are expected. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is not only applied to the face-to-face services, but is determined by the nature of the problems addressed by the reporting individual during the month. A plan of care should be documented and shared with the patient and/or caregiver.

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Codes 99487-99489 are reported only **once** per calendar month and include all non-face-to-face complex chronic care coordination services and none or 1 face-to-face office or other outpatient, home, or domiciliary visit. Codes 99487-99489 may only be reported by the single physician or other qualified health care professional who assumes the care coordination role with a particular patient for the calendar month.

Code selection is as follows:

99487 is reported when, during the calendar month, there is no face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities. Code 99488 is reported when, during the calendar month, there is a face-to-face visit with the physician or other qualified health care professional and at least 31 minutes of clinical staff time is spent in care coordination activities.

The face-to-face and non-face-to-face time spent by the clinical staff in communicating with the patient and/or family, caregivers, other professionals and agencies; revising, documenting and implementing the care plan; or teaching self management is used in determining the complex chronic care coordination clinical staff time for the month. **Note**: Do not count any clinical staff time on the date of the first visit or on a day when the physician or qualified health care professional reports an E/M service (office or other outpatient services 99211-99215, domiciliary, rest home services 99334-99337, home services 99347-99350).
Care coordination activities performed by clinical staff may include:

- communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care;
- communication with home health agencies and other community services utilized by the patient;
- collection of health outcomes data and registry documentation;
- patient and/or family/caretaker education to support self-management, independent living, and activities of daily living;
- assessment and support for treatment regimen adherence and medication management;
- identification of available community and health resources;
- facilitating access to care and services needed by the patient and/or family;
- development and maintenance of a comprehensive care plan.

If a face-to-face visit was provided during the month by the physician or other qualified health care professional, report 99488. Additional E/M services beyond the first visit may be reported separately by the same physician or other qualified health care professional during the same calendar month. Complex care coordination services include care plan oversight services (99339, 99340, 99374-99378), prolonged services without direct patient contact (99358, 99359), anticoagulant management (99363, 99364), medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (99090, 99091), transitional care management services (99495, 99496), medication therapy management services (99605-99607), and if performed, these services may not be reported separately during the month for which 99487-99489 are reported. All other services may be reported. Do not report 99487-99489 if reporting ESRD services (90951-90970) during the same month. If the complex chronic care coordination services are performed within the postoperative period of a reported surgery, the same individual may not report 99487-99489.

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Complex chronic care coordination can be reported in any calendar month during which the clinical staff time requirements are met. If care coordination resumes after a discharge during a new month, start a new period or report transitional care management services (99495, 99496) as appropriate. If discharge occurs in the same month, continue the reporting period or report transitional care management services. Do not report 99487-99489 for any post-discharge complex chronic care coordination services for any days within 30 days of discharge, if reporting 99495, 99496.

Total Duration of Staff Care Coordination Services	**Code(s)**
Less than 30 minutes	Not reported separately
31 to 74 minutes (31 minutes-1 hr. 14 min)	99487 or 99488 X 1
75-104 minutes (1 hr. 15 min- 1 hr. 44 min)	99487 or 99488 X 1 and 99489 X 1
105 minutes or more (1 hr. 45 min. or more)	99487 or 99488 X 1 and 99489 X 2 or more for each additional 30 minutes

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CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommend-ation
●99487	F1	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month	XXX	1.00
●99488	F2	first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month	XXX	2.50
●99489	F3	each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (Report 99489 in conjunction with 99487, 99488) (Do not report 99487-99489 during the same month with 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, 99090, 99091, 99339, 99340, 99358, 99359, 99363, 99364, 99366-99368, 99374-99378, 99441-99444, 99495, 99496, 99605-99607)	ZZZ	0.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99487 Tracking Number F1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor:
Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
Typical Patient (99487) (Child)
A 6-year-old child with spastic quadriplegia, gastrostomy, gastroesophageal reflux with recurrent bouts of aspiration pneumonia and reactive airway disease, chronic seizure disorder, failure to thrive and severe neurodevelopment delay. He receives home occupational, physical and speech therapy services.
Typical patient (99487) (Adult)
An 83-year-old woman with congestive heart failure and early cognitive dysfunction, who has been hospitalized twice in the prior 12 months, is becoming increasingly confused and refuses an office visit. She has a certified nursing assistant supervised by a home care agency, participates in a remote weight and vital signs monitoring program and sees a cardiologist and neurologist.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work:
Complex chronic care coordination services are patient centered management and support services provided by physicians, other qualified health care professionals and clinical staff to an individual who resides at home or in a domiciliary, rest home or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional. These services address the coordination of care by multiple disciplines and community service agencies. The reporting individual provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.
Patients who require complex chronic care coordination services may be identified by algorithms that utilize reported conditions and services (eg, predictive modeling risk score or repeat admissions or emergency department use) or by clinician judgment. Typical patients have 1 or more chronic continuous or episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute

exacerbation/decompensation or functional decline. Because of the complex nature of their diseases and morbidities, these patients commonly require the coordination of a number of specialties and services. Patients may have medical and psychiatric behavioral co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care. Social support weaknesses or access to care difficulties may cause a need for these services. Medical, functional, and/or psychosocial problems that require medical decision making of moderate or high complexity and extensive clinical staff support are expected. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is not only applied to the face-to-face services, but is determined by the nature of the problems addressed by the reporting individual during the month. A plan of care should be documented and shared with the patient and/or caregiver.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Robert Zorowitz, MD (AGS), Thomas Weida (AAFP), Mary Newman, MD (ACP), Eileen Carlson, RN, JD (ANA), Steven Krug, MD (AAP) and Joel Brill, MD (AGA).		
Specialty(s):	American Geriatrics Society (AGS), American Academy of Pediatrics (AAP), American College of Cardiologists (ACC), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American Association of Clinical Endocrinologists (AACE), American College of Rheumatology (ACR), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Academy of Family Physicians (AAFP), American Nursing Association (ANA), American Academy of Physician Assistants (AAPA), American Gastroenterological Association (AGA), The Endocrine Society (TES) and the American Society of Gastrointestinal Endoscopy (ASGE).		
CPT Code:	99487		
Sample Size:	8896	**Resp N:** 147	**Response:** 1.6 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**10.00**	35.00	3000.00
Survey RVW:	0.00	1.00	**1.50**	2.00	25.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	26.00	**45.00**	60.00	600.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	99487	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**26.00**		
Immediate Post Service-Time:	**0.00**			
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**		

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99374	XXX	1.10	**RUC Time**

CPT Descriptor Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**CMS Time File**	81,311,416

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
93281	XXX	0.90	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 99487**	**Key Reference CPT Code:** 99374	**Source of Time RUC Time**
Median Pre-Service Time	0.00	5.00	
Median Intra-Service Time	26.00	20.00	
Median Immediate Post-service Time	0.00	9.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**26.00**	**34.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.66	3.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.79
Urgency of medical decision making	3.34	3.42
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.24	3.26
Physical effort required	3.00	3.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.79	3.76
Outcome depends on the skill and judgment of physician	3.92	3.76
Estimated risk of malpractice suit with poor outcome	3.37	3.41

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		

Intra-Service intensity/complexity	3.61	3.55
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Complex Chronic Care Coordination Codes (CCCC)

There were 147 responses to the survey request. The following societies participated in distributing the survey; American Geriatrics Society (AGS), American Academy of Pediatrics (AAP), American College of Cardiologists (ACC), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American Association of Clinical Endocrinologists (AACE), American College of Rheumatology (ACR), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Association of Nurse Practitioners (AANP), American Nursing Association (ANA), American Gastroenterological Association (AGA), The Endocrine Society (TES) and the American Society of Gastrointestinal Endoscopy (ASGE). These societies represent, physicians including MDs and DOs, physician assistants and nurse practitioners. The summary tables included contain total, as well as, breakout survey results. The survey tools were modified adding emphasis for clarifying time in terms of clinical staff and physician time; the modified survey tool was approved by the research subcommittee.

Background

A multi-specialty and multi-discipline expert panel ("panel") reviewed the surveys and developed the following rationale for the recommended work values for the Transitional Care Management (TCM) and complex chronic care coordination (CCCC) codes.

The TCM and CCCC codes are conceptually new services and have not previously been surveyed. These are services provided to patients with multiple conditions who require coordination of care that is provided by clinical staff under the supervision of a physician, as well as care provided directly by the physician. The care is predominantly non-face-to-face (NFTF) but, in some cases, also includes face-to-face (FTF) care. The panel kept in mind that any FTF visit included in these services was not a traditional E/M service and that the E/M documentations guidelines for history, physical and medical decision making would not apply. As an example, a FTF visit included in a TCM or CCCC service might consist largely of evaluating functional and cognitive status, adverse reactions to medications, medication reconciliation and education rather than performing a traditional history or physical exam.

The panel also kept in mind that the TCM and CCCC codes do not include physician or clinical staff time or work performed for unrelated activities. For example, NFTF and FTF care provided for an acute respiratory infection or abdominal pain that occurs during the month a TCM or CCCC code is reported are not included in the TCM or CCCC code and are reported separately.

There is one major difference between the CCCC and TCM codes - the reporting criteria for the CCCC codes are based on clinical staff time - not physician time. Therefore, the CCCC codes should only be billed for the most complex patients who require a case manager to coordinate care for all the patient's medical problems. Codes 99487 and 99489 do not include any FTF services. If a patient is seen during a calendar month when the code can be reported (i.e., sufficient clinical staff time is spent on NFTF care), then 99488 is reported. Most of the physician work for 99487 and 99489 is spent in supervising clinical staff, although some may be for direct patient care.

Similar to the TCM codes, all physician time in the CCCC codes is considered intraservice time, because it includes all time spent in a calendar month.

The panel also noted that the respondents have never valued codes that involve care coordination and oversight of staff services that are essential components to these types of care. Because of this, and as described in more detail below, the expert panel believes the surveys are flawed in some aspects. First, respondents had to estimate both physician time and staff time for each TCM and CCCC service. Even though many respondents reported that they provide these services, it appeared that they did not properly account for the amount of clinical staff time required for each service and that they did not account for all of the physician time or work involved in NFTF supervision.

Reference Services

For 99487, the key reference services were codes:

- 99374, *Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes* with a work RVU of 1.1 and total time of 34 minutes (5/20/9) and
- 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family* with a work RVU of 1.5 and total time of 40 minutes (5/25/10).

The survey median RVU for 99487 was 1.50 with a total time of 45 minutes and with a survey 25th percentile work 1.00 and total time 26 minutes.

For 99489, the key reference services were code 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more* with an RVU of 1.10 and total time of 40 minutes (5/30/5) and code 99214 with a work RVU of 1.50 and total time of 40 minutes (5/25/10). The survey median RVU for 99489 was 1.10 with a total time of 30 minutes.

For 99488, which include a FTF visit, the key reference service was code 99350, *Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family* with an RVU of 3.28 and total time of 110 minutes (15/75/20).

The FTF service chosen as most similar to the FTF service included in 99488 was code 99215 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family* with an RVU of 2.11 and total time of 65 minutes (15/35/15).

The survey median RVU for 99488 was 2.50 with a total time of 60 minutes.

Recommendation and Rationale

The expert panel determined that the first service to value in this family was 99488, so it could be placed in the proper rank order with the TCM codes, both of which also have FTF visits included. Once this was accomplished, then 99487 and 99489 could be valued relative to 99488.

Our expert panel reviewed the data and tried to place 99488 into proper rank order with the two TCM codes just reviewed. However, this was difficult to do because the survey median physician time for 99488 of 60 minutes was only 5 minutes more than the total time of 99215, the E/M selected as most like the face to face portion of 99488 - seemingly leaving little time for non face to face supervision of the clinical staff. Moreover, the total time was identical to the total median survey time for 99496 which had a median RVU of 3.05. In addition, our expert panel believed that the respondents overestimated physician time and work for the two non face to face codes.

After much discussion, we are making the recommendations contained in the attachments. For 99488, we are recommending the survey median physician time and work. The recommended physician time of 60 minutes places it in proper ratio with the total clinical staff time of 107 minutes. Even if the face to face portion of 99488 takes 35 minutes, the same as 99215, that still leaves 25 minutes for non-face to face care over the calendar month.

With respect to the physician work, we believe the service is less intense than 99496 for two reasons: (1) the CCCC codes require moderate OR highly complex medical decision making, whereas 99496 only requires highly complex medical decision making and (2) because the patient's condition is well known to the physician due to ongoing CCCC. In the case of TCM codes, the patient's condition post-discharge is not known to the physician, making the patient similar to a new patient.

In order to maintain proper rank order, for 99487, the survey 25th percentiles for time and physician work - 26 minutes and 1.0 RVUs are a more accurate estimate than the medians and result in the proper ratio of physician to clinical staff time of 26/60. In

order to maintain these ratios, the physician time for 99489 should be 13 minutes - for a ratio of 13/30 and the physician work for 99489 should be 0.5 RVUS which is half the amount for 99487.

The most pertinent comparison services for 99487 are codes:

CPT	Description	wRVU	Total Time (Pre/intra/post)
99374	*Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes*	1.10	34 minutes (5/20/9)
99367	*Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician*	1.10	40 minutes (5/30/5)
GXXXX3	*Medical Home Project Tier 3 (times 3)*	1.05	27.6 minutes (all Intra-time)
93281	*Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system*	0.90	30 minutes (5/20/5)
76813	*Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation*	1.18	35 minutes (5/20/10)

99487 CCCC, first hour CST, no F2F visit

In summary, the expert panel recommends the 25th percentile survey work RVU of 1.00 and 25th service survey time totaling 26 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) The CCCC codes are conceptually new services, see attached spreadsheet for details.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Geriatrics How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimated that less than 10 percent of the 99214 and 99215 visits might qualify to bill the service, second we estimated that even if the service qualified, 50 percent of less might actually receive the service. We then split that total amoung the three codes assuming the 99487 would have slightly more volume than the 99488 code and much less common would a provider qualify to bill the 99489.

Specialty Internal Medicine Frequency 0 Percentage 0.00 %

Specialty Family Practice Frequency 0 Percentage 0.00 %

Specialty Geriatrics Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,003,744 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. For Medicare we assume 1/3 of the total population.

Specialty Internal Medicine Frequency 0 Percentage 0.00 %

Specialty Family Practice Frequency 0 Percentage 0.00 %

Specialty Geriatrics Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99374

Additional Information

Yes or No	Patient comes in for office visit(s)	Patient is admitted to the hospital	Perform work without code to report services	Time is paid for as a medical director	Other (please specify)
Yes or No	If Survey Participant Answered 0 (zero) for any one of the three CCCC codes, they were also asked additional information for clarification.				

Those that answered (0) Zero to performance rate		
	Response	Percentage
Yes	51	37%
No	87	63%
Total	138	100%

Additional Information Services				
Tell us more:	Patient Comes In	Patient Admitted	No Code To Report	Paid as Med Director
Response	33	15	49	8

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99489 Tracking Number F3 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.50**
Global Period: ZZZ RUC Recommended RVU: **0.50**

CPT Descriptor: Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
(List separately in addition to code for primary procedure)
(Report 99489 in conjunction with 99487, 99488)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
Typical patient (99489) (Adult)
A 92-year-old man living an assisted living facility with Parkinson's disease, mild dementia, depression and diabetes mellitus continues to lose weight and remains withdrawn. The patient's family resides out of state and an attendant sees the patient for 3 hours daily. The clinical staff has already spent 74 minutes in the month performing care coordination services and now spends additional time.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Complex chronic care coordination services are patient centered management and support services provided by physicians, other qualified health care professionals and clinical staff to an individual who resides at home or in a domiciliary, rest home or assisted living facility. These services typically involve clinical staff implementing a care plan directed by the physician or other qualified health care professional. These services address the coordination of care by multiple disciplines and community service agencies. The reporting individual provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs and activities of daily living.
Patients who require complex chronic care coordination services may be identified by algorithms that utilize reported conditions and services (eg, predictive modeling risk score or repeat admissions or emergency department use) or by clinician judgment. Typical patients have 1 or more chronic continuous or episodic health conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation or functional decline. Because of the complex nature of their diseases and morbidities, these patients commonly require the coordination of a number of specialties and services. Patients may have medical and psychiatric behavioral co-morbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and

diabetes) that complicate their care. Social support weaknesses or access to care difficulties may cause a need for these services. Medical, functional, and/or psychosocial problems that require medical decision making of moderate or high complexity and extensive clinical staff support are expected. Medical decision making as defined in the Evaluation and Management (E/M) guidelines is not only applied to the face-to-face services, but is determined by the nature of the problems addressed by the reporting individual during the month. A plan of care should be documented and shared with the patient and/or caregiver.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Robert Zorowitz, MD (AGS), Thomas Weida (AAFP), Mary Newman, MD (ACP), Eileen Carlson, RN, JD (ANA), Steven Krug, MD (AAP) and Joel Brill, MD (AGA)..		
Specialty(s):	American Geriatrics Society (AGS), American Academy of Pediatrics (AAP), American College of Cardiologists (ACC), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American Association of Clinical Endocrinologists (AACE), American College of Rheumatology (ACR), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Academy of Family Physicians (AAFP), American Nursing Association (ANA), American Academy of Physician Assistants (AAPA), American Gastroenterological Association (AGA), The Endocrine Society (TES) and the American Society of Gastrointestinal Endoscopy (ASGE).		
CPT Code:	99489		
Sample Size:	8896	**Resp N:** 147	**Response:** 1.6 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**9.00**	30.00	1500.00
Survey RVW:	0.00	0.75	**1.10**	1.66	55.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	45.00	400.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: ZZZ Global Code

CPT Code:	99489	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**13.00**		

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99367	XXX	1.10	**RUC Time**

CPT Descriptor Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,960,280

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family..

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	18,383,704

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
11045	ZZZ	0.50	**RUC Time**

CPT Descriptor Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 99489**	**Key Reference CPT Code:** 99367	**Source of Time RUC Time**
Median Pre-Service Time	0.00	5.00	
Median Intra-Service Time	13.00	30.00	
Median Immediate Post-service Time	0.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**13.00**	**40.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.65	3.42
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.87	3.74
Urgency of medical decision making	3.50	3.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.35	3.32
Physical effort required	2.87	2.84
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.84	3.58
Outcome depends on the skill and judgment of physician	3.94	3.61
Estimated risk of malpractice suit with poor outcome	3.23	3.23

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity		

Intra-Service intensity/complexity	3.81	3.65
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Complex Chronic Care Coordination Codes (CCCC)

There were 147 responses to the survey request. The following societies participated in distributing the survey; American Geriatrics Society (AGS), American Academy of Pediatrics (AAP), American College of Cardiologists (ACC), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Thoracic Society (ATS), American Association of Clinical Endocrinologists (AACE), American College of Rheumatology (ACR), American College of Physicians (ACP), American Osteopathic Association (AOA), American College of Chest Physicians (ACCP), American Association of Nurse Practitioners (AANP), American Nursing Association (ANA), American Gastroenterological Association (AGA), The Endocrine Society (TES) and the American Society of Gastrointestinal Endoscopy (ASGE). These societies represent, physicians including MDs and DOs, physician assistants and nurse practitioners. The summary tables included contain total, as well as, breakout survey results. The survey tools were modified adding emphasis for clarifying time in terms of clinical staff and physician time; the modified survey tool was approved by the research subcommittee.

Background

A multi-specialty and multi-discipline expert panel ("panel") reviewed the surveys and developed the following rationale for the recommended work values for the Transitional Care Management (TCM) and complex chronic care coordination (CCCC) codes.

The TCM and CCCC codes are conceptually new services and have not previously been surveyed. These are services provided to patients with multiple conditions who require coordination of care that is provided by clinical staff under the supervision of a physician, as well as care provided directly by the physician. The care is predominantly non-face-to-face (NFTF) but, in some cases, also includes face-to-face (FTF) care. The panel kept in mind that any FTF visit included in these services was not a traditional E/M service and that the E/M documentations guidelines for history, physical and medical decision making would not apply. As an example, a FTF visit included in a TCM or CCCC service might consist largely of evaluating functional and cognitive status, adverse reactions to medications, medication reconciliation and education rather than performing a traditional history or physical exam.

The panel also kept in mind that the TCM and CCCC codes do not include physician or clinical staff time or work performed for unrelated activities. For example, NFTF and FTF care provided for an acute respiratory infection or abdominal pain that occurs during the month a TCM or CCCC code is reported are not included in the TCM or CCCC code and are reported separately.

There is one major difference between the CCCC and TCM codes - the reporting criteria for the CCCC codes are based on clinical staff time - not physician time. Therefore, the CCCC codes should only be billed for the most complex patients who require a case manager to coordinate care for all the patient's medical problems. Codes 99487 and 99489 do not include any FTF services. If a patient is seen during a calendar month when the code can be reported (i.e., sufficient clinical staff time is spent on NFTF care), then 99488 is reported. Most of the physician work for 99487 and 99489 is spent in supervising clinical staff, although some may be for direct patient care.

Similar to the TCM codes, all physician time in the CCCC codes is considered intraservice time, because it includes all time spent in a calendar month.

The panel also noted that the respondents have never valued codes that involve care coordination and oversight of staff services that are essential components to these types of care. Because of this, and as described in more detail below, the expert panel believes the surveys are flawed in some aspects. First, respondents had to estimate both physician time and staff time for each TCM and CCCC service. Even though many respondents reported that they provide these services, it appeared that they did not properly account for the amount of clinical staff time required for each service and that they did not account for all of the physician time or work involved in NFTF supervision.

Reference Services

For 99487, the key reference services were codes:

- 99374, *Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes* with a work RVU of 1.1 and total time of 34 minutes (5/20/9) and
- 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family* with a work RVU of 1.5 and total time of 40 minutes (5/25/10).

The survey median RVU for 99487 was 1.50 with a total time of 45 minutes and with a survey 25th percentile work 1.00 and total time 26 minutes.

For 99489, the key reference services were code 99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more* with an RVU of 1.10 and total time of 40 minutes (5/30/5) and code 99214 with a work RVU of 1.50 and total time of 40 minutes (5/25/10). The survey median RVU for 99489 was 1.10 with a total time of 30 minutes.

For 99488, which include a FTF visit, the key reference service was code 99350, *Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family* with an RVU of 3.28 and total time of 110 minutes (15/75/20).

The FTF service chosen as most similar to the FTF service included in 99488 was code 99215 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family* with an RVU of 2.11 and total time of 65 minutes (15/35/15).

Recommendation and Rationale

The expert panel determined that the first service to value in this family was 99488, so it could be placed in the proper rank order with the TCM codes, both of which also have FTF visits included. Once this was accomplished, then 99487 and 99489 could be valued relative to 99488.

Our expert panel reviewed the data and tried to place 99488 into proper rank order with the two TCM codes just reviewed. However, this was difficult to do because the survey median physician time for 99488 of 60 minutes was only 5 minutes more than the total time of 99215, the E/M selected as most like the face to face portion of 99488 - seemingly leaving little time for non-face to face supervision of the clinical staff. Moreover, the total time was identical to the total median survey time for 99496 which had a median RVU of 3.05. In addition, our expert panel believed that the respondents overestimated physician time and work for the two non-faces to face codes.

After much discussion, we are making the recommendations contained in the attachments. For 99488, we are recommending the survey median physician time and work. The recommended physician time of 60 minutes places it in proper ratio with the total clinical staff time of 107 minutes. Even if the face to face portion of 99488 takes 35 minutes, the same as 99215, that still leaves 25 minutes for non-face to face care over the calendar month.

With respect to the physician work, we believe the service is less intense than 99496 for two reasons: (1) the CCCC codes require moderate OR highly complex medical decision making, whereas 99496 only requires highly complex medical decision making and (2) because the patient's condition is well known to the physician due to ongoing CCCC. In the case of TCM codes, the patient's condition post-discharge is not known to the physician, making the patient similar to a new patient.

In order to maintain proper rank order, for 99487, the survey 25th percentiles for time and physician work - 26 minutes and 1.0 RVUs are a more accurate estimate than the medians and result in the proper ratio of physician to clinical staff time of 26/60. In order to maintain these ratios, the physician time for 99489 should be 13 minutes - for a ratio of 13/30 and the physician work for 99489 should be 0.5 RVUS which is half the amount for 99487.

The most pertinent comparison services for 99489 are codes:

CPT	Description	wRVU	Total Time (Pre/intra/post)
99212	*Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.*	0.48	16 minutes (2/10/4 minutes)
GXXXX3	*Medical Home Project Tier 3 (times 1.5)*	0.53	13.8 minutes (all intra-time)
11045	*Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*	0.50	15 minutes (all intra-time)
15276	*Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)*	0.50	10 minutes (all intra-time)

99489 CCCC, each additional 30 minutes (add-on code)

In summary, the expert panel recommends ½ the value and time of 99487 to preserve rank order with a work RVU of 0.50 and 13 minutes total time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) The CCCC codes are conceptually new services, see attached spreadshet for details.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Sometimes

Specialty Family Practice How often? Sometimes

Specialty Geriatrics How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimated that less than 10 percent of the 99214 and 99215 visits might qualify to bill the service, second we estimated that even if the service qualified, 50 percent of less might actually receive the service. We then split that total amoung the three codes assuming the 99487 would have slightly more volume than the 99488 code and much less common would a provider qualify to bill the 99489.

Specialty Internal Medicine Frequency 0 Percentage 0.00 %

Specialty Family Practice Frequency 0 Percentage 0.00 %

Specialty Geriatrics Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 363,909 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. For Medicare we estiamted 1/3 of the total population.

Specialty Internal Medicine Frequency 0 Percentage 0.00 %

Specialty Family Practice Frequency 0 Percentage 0.00 %

Specialty Geriatrics Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99374

Additional Information

Yes or No	Patient comes in for office visit(s)	Patient is admitted to the hospital	Perform work without code to report services	Time is paid for as a medical director	Other (please specify)
Yes or No	If Survey Participant Answered 0 (zero) for any one of the three CCCC codes, they were also asked additional information for clarification.				

Those that answered (0) Zero to performance rate		
	Response	Percentage
Yes	51	37%
No	87	63%
Total	138	100%

Additional Information Services				
Tell us more:	Patient Comes In	Patient Admitted	No Code To Report	Paid as Med Director
Response	33	15	49	8

ISSUE: Complex Chronic Care Coordination Services

TAB: 9 *10/5/2012 Version*

Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA OR OWN TIME - MONTH MIN	INTRA OR OWN TIME - MONTH 25th	INTRA OR OWN TIME - MONTH MED	INTRA OR OWN TIME - MONTH 75th	INTRA OR OWN TIME - MONTH MAX	IMMD POST
REF	99214	E/M established pt, 2 of 3 key elements, presenting problem moderate to high severity, Physicians typically spend 25 minutes face-to-face with the patient and/or family.	38	0.047			1.50			40	5			25			10
SVY-T	99487	CCCC Services; first hour of clinical staff time; NO face-to- face visit, per calendar month	147	0.033	0.00	1.00	1.50	2.00	25.00	45		0	26	45	60	600	
	99374	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) within a calendar month; 15-29 minutes		0.039			1.10			34	5			20			9
	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician		0.029			1.10			40	5			30			5
	GXXXX3	Medical Home Project Tier 3		0.038			0.35			9.2				9.2			
	GXXXX3	Medical Home Project Tier 3		0.038			1.05			27.6				27.6			
	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system		0.034			0.90			30	5			20.0			5
	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation		0.042			1.18			35	5			20.0			10
REC F1	99487	CCCC Services; first hour of clinical staff time; NO face-to- face visit, per calendar month		0.038	1.00					26				26			

Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA OR OWN TIME - MONTH MIN	INTRA OR OWN TIME - MONTH 25th	INTRA OR OWN TIME - MONTH MED	INTRA OR OWN TIME - MONTH 75th	INTRA OR OWN TIME - MONTH MAX	IMMD POST
REF	99350	Physician supervision of a patient under care home health (patient not present) requiring complex and multidisciplinary care modalities, a calendar month; 15-29 minutes	29	0.033			3.28			110	15			75			20
REF F2F Visit	99215	Office or other outpatient visit for the E/M of an established patient, which requires at least 2 of these 3 key components: A comprehensive history;Physicians typically spend 40 minutes face-to-face with the patient and/or family.	41	0.047			2.11			55	5			35			15
SVY- T	99488	CCCC Services; first hour of clinical staff time; ONE face-to-face visit, per calendar month	147	0.042	0.00	1.50	2.50	3.50	30.00	60		0	40	60	90	800	
	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed		0.050			2.50			57	5			45			7
	95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)		0.037			2.45			70	5			60			5
	99326	Domiciliary or RMV for the E/M of a new patient, Medical decision making of moderate complexity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.		0.043			2.63			77	15			45			17
	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription		0.041			2.52			70	10			50			10
REC F2	99488	CCCC Services; first hour of clinical staff time; ONE face-to-face visit, per calendar month		0.042	2.50					60				60			

Source	CPT	Short DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA OR OWN TIME - MONTH MIN	INTRA OR OWN TIME - MONTH 25th	INTRA OR OWN TIME - MONTH MED	INTRA OR OWN TIME - MONTH 75th	INTRA OR OWN TIME - MONTH MAX	IMMD POST
REF	99214	E/M established pt, 2 of 3 key elements, presenting problem moderate to high severity, Physicians typically spend 25 minutes face-to-face with the patient and/or family.	28	0.047			1.50			40	5			25			10
REF	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	31	0.029			1.10			40	5			30			5
SVY- T	99489	CCCC Services; each additional 30 minutes of clinical staff time, per calendar month	147	0.037	0.00	0.75	1.10	1.66	55.00	30		0	20	30	45	400	
	99212	Office outpatient visit for the E/M Straightforward medical decision making.Physicians typically spend 10 minutes face-to-face		0.035			0.48			16	2			10.0			4
	GXXXX3	Medical Home Project Tier 3		0.038			0.53			13.8				13.8			
	11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		0.033			0.50			15				15			
	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		0.050			0.50			10				10			
REC F3	99489	CCCC Services; each additional 30 minutes of clinical staff time, per calendar month		0.038	0.50					13				13			

One half of physician time and work of 99487

23 Utilization Spreadsheet 10-6-2012

Tab 9 - CCCC

Utilization Calculation

2011 Medicare Data RUC Database

CPT Code	Estimated % Qualify by CPT criteria	Frequency Projected Total	% Qualify Pool Frequency	Projected Total Utilization for CCCC Family
99214	0.10	81,311,416	8,131,142	**9,097,717**
99215	0.10	9,665,755	966,576	
Total		**90,977,171**	**9,097,717**	

2013 Code	Estimate% Utilization split* between the codes	Distribution between codes	Assumption for yearly is 1/3 of all the procedures are Medicare	Yearly National	Percent Projected Avoidance	Medicare Avoided 99213, 99214 or 99215 Visits	Total Yearly Avoided 99213, 99214 or 99215 Visits
99487	**0.55**	5,003,744	**3**	15,011,233	20%	1,000,749	3,002,247
99488	**0.41**	3,730,064	**3**	11,190,192	100%	3,730,064	11,190,192
99489	**0.04**	363,909	**3**	1,091,726	20%	72,782	218,345
Total	100%	**9,097,717**	**3**	**27,293,151**		**4,803,595**	**14,410,784**

Breakdown not projected of each of the saved visits, assume equal distribution.

Specialty	Percentage breakdown	Yearly Medicare: 99487 CCCC 60 min w/o visit	99488 CCCC 60 min with visit	99489 CCCC each add 30 min
Internal Medicine	**0.40**	2,001,498	1,492,026	145,563
Family Practice	**0.40**	2,001,498	1,492,026	145,563
Geriatrics	**0.20**	1,000,749	746,013	72,782
Total	100%	**5,003,744**	**3,730,064**	**363,909**
		9,097,717		

Note: We expect to see ER and Hospitalization Reduction not accounted for in these projections.

Tab 9 **CPT Code:** 99487, 99488, 99489
Specialty Society('s) AAFP, AAN, ANA, AAP, AACE, ACC, ACCP, ACP, ACRh, AGA, AGS, AOA, ASGE, ATS, TES

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
99487 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with **no** face-to-face visit, per calendar month
99488 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with **one** face-to-face visit, per calendar month
99489 Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Global Period: 99487 and 99488: XXX, 99489: ZZZ Meeting Date: October 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel of experts from the surveying societies, including physicians, nurses, and physician assistants, met by phone and email to develop the inputs.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:
99488: The reference code for the face-to-face visit portion of the visit is 99214.

Please describe in detail the clinical activities of your staff:
99488 only, activities for face-to-face visit:

Pre-Service Clinical Labor Activities:

Review/read X-ray, lab, pathology reports, care plan
Service Clinical Labor Activities:
Activities face-to-face during visit:

- Greet patient/provide gowning
- Obtain vital signs
- Prep and position patient
- Review history, systems, and medications
- Prepare room, equipment, supplies
- Assist physician during exam
- Education/instruction/counseling
- Coordinate home or outpatient care
- Clean room/equipment

Post-Service Clinical Labor Activities:

Activities associated with face-to-face visit:

- Phone calls between visits with patient, family, pharmacy

For 99487, 99488 & 99489, activities NOT associated with the-face-to-face visit:

Pre-Service Clinical Labor Activities:
Service Clinical Labor Activities:
Care coordination activities performed by clinical staff may include:

- communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care,
- communication with home health agencies and other community services utilized by the patient,
- collection of health outcomes data and registry documentation,
- patient and/or family/caretaker education to support self-management, independent living, and activities of daily living,
- assessment and support for treatment regimen adherence and medication management,
- identification of available community and health resources,
- facilitating access to care and services needed by the patient and/or family, development and maintenance of a comprehensive care plan

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE							
2				99214		99487		99488		99489	
3	**Meeting Date: October 2012** **Complex Chronic Care Coordination**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no **F2F visit**, **per calendar month**		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional **with one F2F visit**, **per calendar month**		Complex chronic care coordination services; each additional **30 minutes of clinical staff time** directed by a physician or other qualified health care professional, **per calendar month** (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**ZZZ**	
6	**TOTAL CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**53.0**	**0.0**	**60.0**	**0.0**	**107.0**	**0.0**	**30.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**44.0**	**0.0**	**60.0**	**0.0**	**104.0**	**0.0**	**30.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L042A**	**RN/LPN**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Other Clinical Activity - *specify: Review/read X-ray, lab, pathology reports*	L037D	RN/LPN/MTA	**3**				**3**			
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**				**3**			
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**				**5**			
23	Provide pre-service education/obtain consent										
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**				**2**			
25	Setup scope (non facility setting only)										
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**				**2**			
27	Sedate/apply anesthesia										
28	**Intra-service**										
29	Assist physician in performing procedure	L037D	RN/LPN/MTA	**5**				**5**			
30	**Post-Service**										
31	Monitor pt. following service/check tubes, monitors, drains										
32	Clean room/equipment by physician staff			**3**				**3**			
33	Clean Scope										
34	Clean Surgical Instrument Package										
35	Complete diagnostic forms, lab & X-ray requisitions										
36	Review/read X-ray, lab, and pathology reports										
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**11**				**11**			
38	Other Clinical Activity - specify: Review/read X-ray, lab, pathology reports	L037D	RN/LPN/MTA	**13**				**13**			
39	Care coordination activities performed by clinical staff may include: communication (with patient, family members, guardian or caretaker, surrogate decision makers, and/or other professionals) regarding aspects of care; communication with home health agencies and other community services utilized by the patient; collection of health outcomes data and registry documentation; patient and/or family/caretaker education to support self-management, independent living, and activities of daily living; assessment and support for treatment regimen adherence and medication management; identification of available community and health resources; facilitating access to care and services needed by the patient and/or family, development and maintenance of a comprehensive care plan	L042A	RN/LPN			**60**		**60**		**30**	
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
43	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE							
2				99214		99487		99488		99489	
3	**Meeting Date: October 2012** **Complex Chronic Care Coordination**	**CMS Code**	**Staff Type**	Office OP visit for the E/M established patient. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes F2F with the patient and/or family.		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional with no **F2F visit**, **per calendar month**		Complex chronic care coordination services; **first hour of clinical staff time** directed by a physician or other qualified health care professional **with one F2F visit**, **per calendar month**		Complex chronic care coordination services; each additional **30 minutes of clinical staff time** directed by a physician or other qualified health care professional, **per calendar month** (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**ZZZ**	
44	**POST-SERVICE Period**										
45	**Start: Patient leaves office/facility**										
46	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**6**				**0**			
55	**End: with last office visit before end of global period**										
56	**MEDICAL SUPPLIES**	**CODE**	**UNIT**								
57	pack, minimum multi-specialty visit	SA048	pack								
58	pack, EM visit	SA047	pack	**1**				**1**			
59	**EQUIPMENT**	**CODE**									
60	otoscope-ophthalmoscope (wall unit)	EQ189		**44**				**44**			
61	table, exam	EF023		**44**				**44**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Proposed Rule for 2020*

January 2020

Fine Needle Aspiration – Tab 21

In November 2018, AMA RUC staff discovered that CMS erroneously double-counted the utilization for new codes that had image guidance bundled, causing the Agency to incorrectly believe that the RUC was recommending a 20 percent increase in physician work for the Fine Needle Aspiration code family. Based on the Agency's rationale articulated in rulemaking for CY2019, it appeared that this was the principle reason CMS rejected the RUC recommendations for the codes in these two families. AMA RUC Staff clarified the error on a call with CMS officials in December 2018 and the three Agency officials verbally concurred that the Agency's analysis had a utilization crosswalk error. AMA RUC staff requested for the Agency to reconsider their rejection of the RUC recommendations for CY2019. They declined to do so for CY2019, noting that their utilization projections in the NPRM addenda materials were available for public comment. However, the CMS officials offered that the surveying specialties could write a letter to CMS to nominate the affected codes from these families as being potentially misvalued. Once flagged, these services could again be added to the RUC's agenda for an upcoming meeting and the RUC could affirm the previous recommendations. Eight specialty societies submitted a letter to CMS in January 2019. In the CY2020 Medicare Physician Fee Schedule Proposed Rule, the Agency identified two of the codes in this code family for review via their public nomination process for potentially misvalued services and the RUC added this code family to its agenda for the January 2020 RUC meeting.

As part of the Agency's response to the RUC's and other stakeholder's CY2019 NPRM comments, CMS included the below table in the CY2019 Final Rule. For deleted code 10022 FNA w/ guidance, the aggregate utilization for codes 10004-10012 should have exactly equaled the utilization of delete code 10022 FNA w/ guidance. Instead, CMS doubled the utilization since they added the utilization of 10022 to the bundled utilization of each guidance code. For example, in the table below, the utilization of the new code 10005 *Fine needle aspiration biopsy, including ultrasound guidance; first lesion* alone was erroneously 1.5 times that of deleted code 10022 *Fine needle aspiration; with imaging guidance*.

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TABLE 12—FINE NEEDLE ASPIRATION WORK POOL COMPARISON

HCPCS code	Utilization source	Utilization destination	Work RVU source	Work pool source	Work RVU destination	Work pool destination	Work pool RVU change	Work pool % change
10021	23,755	21,380	1.27	30,169	1.20	25,655	−4,513	−15
10004	0	2,376	0.00	0	0.80	1,900	1,900	
10005	0	270,753	0.00	0	1.63	441,327	441,327	
10006	0	30,621	0.00	0	1.00	30,621	30,621	
10007	0	6,857	0.00	0	1.81	12,411	12,411	
10008	0	873	0.00	0	1.18	1,030	1,030	
10009	0	60,665	0.00	0	2.43	147,416	147,416	
10010	0	6,831	0.00	0	1.65	11,271	11,271	
10011	0	83	0.00	0	C	0	0	
10012	0	3	0.00	0	C	0	0	
10022	186,455	0	1.27	236,798	0.00	0	−236,798	−100
76942	558,081	488,321	0.67	373,914	0.67	327,175	−46,739	−13
7694226	641,346	561,178	0.67	429,702	0.67	375,989	−53,713	−13
76942TC	8,588	7,515	0.00	0	0.00	0	0	
77002	311,280	308,790	0.54	168,091	0.54	166,746	−1,345	−1
7700226	180,964	179,516	0.54	97,721	0.54	96,939	−782	−1
77002TC	7,936	7,873	0.00	0	0.00	0	0	
77012	9,343	7,792	1.16	10,838	1.50	11,688	850	8
7701226	194,611	162,306	1.16	225,749	1.50	243,458	17,710	8
77012TC	469	391	0.00	0	0.00	0	0	
77021	1,481	1,432	1.50	2,222	1.50	2,148	−73	−3
7702126	1,038	1,004	1.50	1,557	1.50	1,506	−51	−3
77021TC	67	65	0.00	0	0.00	0	0	
Totals	2,125,414	2,126,622		1,576,760		1,897,282	320,523	20

Following correction of the double counting error made in CMS' CY2019 Final Rule table, the table would show a slight reduction in physician work while also counting the total volume of all of the guidance codes as CMS did in the CY2019 Final Rule (even though these image guidance codes are reported with many other procedures unrelated to FNA). **However, if only considering the FNA codes in isolation along with only the volume of the guidance codes that were bundled into the new FNA code structure, the data shows that the October 2017 RUC recommendation resulted in a 15% decrease in physician work for Fine Needle Aspiration Services:**

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HCPCS Code	Utilization Source	Utilization Destination	Work RVU Source	Work Pool Source	Work RVU Destination	Work Pool Destination	Work Pool RVU Change	Work Pool % Change
10021	23,755	21,380	1.27	30,169	1.2	25,656	-4,513	-15%
10004	0	1,188	0	0	0.8	950	950	-
10005	0	135,377	0	0	1.63	220,664	220,664	-
10006	0	15,311	0	0	1	15,311	15,311	-
10007	0	3,429	0	0	1.81	6,206	6,206	-
10008	0	437	0	0	1.18	515	515	-
10009	0	30,333	0	0	2.43	73,708	73,708	-
10010	0	3,416	0	0	1.65	5,636	5,636	-
10011	0	42	0	0	C	0	0	-
10012	0	2	0	0	C	0	0	-
10022	186,455	0	1.27	236,798	0	0	-236,798	-100%
76942	558,081	488,321	0.67	373,914	0.67	327,175	-46,739	-12%
7694226	641,346	561,178	0.67	429,702	0.67	375,989	-53,713	-12%
76942TC	8,588	7,515	0	0	0	0	0	-
77002	311,280	308,790	0.54	168,091	0.54	166,747	-1,345	-1%
7700226	180,964	179,516	0.54	97,721	0.54	96,939	-782	-1%
77002TC	7,936	7,873	0	0	0	0	0	-
77012	9,343	7,792	1.16	10,838	1.5	11,688	850	8%
7701226	194,611	162,306	1.16	225,749	1.5	243,459	17,710	8%
77012TC	469	391	0	0	0	0	0	-
77021	1,481	1,432	1.5	2,222	1.5	2,148	-74	-3%
7702126	1,038	1,004	1.5	1,557	1.5	1,506	-51	-3%
77021TC	67	65	0	0	0	0	0	-
Totals	**2,125,414**	**1,937,094**		**1,576,760**		**1,574,295**	**-2,464**	**-0.16%**

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Affirmation of RUC Recommendations
The RUC noted that the RUC recommendations are higher than the 2020 CMS work values for 10021 *Fine needle aspiration biopsy, without imaging guidance; first lesion* (RUC recommended work RVU=1.20), 10005 *Fine needle aspiration biopsy, including ultrasound guidance; first lesion* (RUC recommended work RVU= 1.63) and 10009 *Fine needle aspiration biopsy, including CT guidance; first lesion* (RUC recommended work RVU= 2.43); the RUC recommendations for these services are more appropriate than the current CMS values as the current CMS values create rank order anomalies. The RUC recommendations are strongly supported by the RUC recommendations for CY2019, which the RUC is resubmitting to the Agency. **The RUC affirmed the recent RUC recommendations for physician work and direct practice expense for CPT codes 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011 and 10012.**

Work Neutrality
Had CMS implemented the RUC recommendations for CY2019, there would have been a 15 percent overall work savings that should have been redistributed back to the Medicare conversion factor. CMS should implement the RUC recommendations and implement in 2021, while also applying the savings to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	XXX	1.20 (Affirm October 2017 RUC recommendation)
10004 (f)	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	0.80 (Affirm October 2017 RUC recommendation) (No Change)
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63 (Affirm October 2017 RUC recommendation)

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10006 (f)	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	1.00 (Affirm October 2017 RUC recommendation) (No Change)
10007 (f)	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81 (Affirm October 2017 RUC recommendation) (No Change)
10008 (f)	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	1.18 (Affirm October 2017 RUC recommendation) (No Change))
10009 (f)	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43 (Affirm October 2017 RUC recommendation)
10010 (f)	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	1.65 (Affirm October 2017 RUC recommendation) (No Change)
10011 (f)	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Carrier Priced (Affirm January 2018 RUC recommendation) (No Change)

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10012 (f)	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	ZZZ	Carrier Priced (Affirm January 2018 RUC recommendation) (No Change)

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December 17, 2019

Peter K. Smith, MD
Chair, AMA/Specialty Society RVU Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Request to Reaffirm Physician Work and Practice Expense (PE) Recommendations for the Fine Needle Aspiration Code Family

Dear Dr. Smith,

In the Proposed Rule for the CY 2020 Medicare Physician Fee Schedule, CPT codes 10005 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* and 10021 *(Fine needle aspiration biopsy, without imaging guidance; first lesion)* were publicly nominated as potentially misvalued. In accordance with standard RUC procedure, these two codes were then placed on the meeting agenda for review by the full RUC, along with the other codes in this family.

CPT codes 10005 and 10021 were surveyed by multiple specialties and reviewed at the October 2017 RUC meeting during consideration of the entire family of ten fine needle aspiration (FNA) codes. As part of the rulemaking process for the CY 2019 Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Services (CMS) did not accept the RUC recommendations for three of the ten CPT codes in this family and established lower work values for these three codes, as highlighted in the table below.

CPT Code	Descriptor	2019 wRVU	Oct 2017 RUC-Approved wRVU
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	0.80
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.46	1.63
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	1.00	1.00
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	1.81
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	1.18	1.18
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.26	2.43
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	1.65	1.65
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	C	C
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	C	C
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	1.03	1.20

The public commenter disagreed with the choice of crosswalk code selected by CMS to value 10021. In the Final Rule for the CY 2019 Medicare Physician Fee Schedule, CMS established a work RVU of 1.03 for CPT code 10021, as compared to a RUC recommendation of 1.20, based on a crosswalk to CPT code 36440 *(Push transfusion, blood, 2 years or younger)*, relying on similarity of the survey intra-service time. The specialties disagree strongly with this crosswalk because the intensity of work associated with performing a biopsy of a subcutaneous lesion (R22; most common diagnosis for 10021) is much higher than that required for a push blood transfusion in a child (36440), thereby rendering a crosswalk selection inappropriate if based only on time.

After establishing this value for the baseline code 10021, CMS then applied incremental analyses to adjust the values for CPT codes 10005 and 10009 to 1.46 RVU and 2.26 RVU, respectively, instead of accepting the RUC recommendations (see table).

The American College of Radiology (ACR), American Association of Clinical Endocrinologists (AACE), Endocrine Society (ES), Society of Interventional Radiology (SIR), College of American Pathologists (CAP), and American Academy of Otolaryngology- Head and Neck Surgery (AAOHNS) agree with the public commenter that CPT codes 10005 and 10021 are potentially misvalued by CMS, and these societies strongly advocate that CMS adopt the RUC recommendations for all the codes in this family. In addition, numerous comment letters submitted to CMS in response to the Proposed Rule for the CY 2020 Medicare Physician Fee Schedule also support the adoption by CMS of the RUC recommendations for these codes.

All of the codes in this family were valued recently by the RUC using robust, multi-specialty survey data through a process that included discussion and consideration of intensity. Therefore, the specialties request that the RUC reaffirm its recommended values for the ten codes in this family that were approved at the October 2017 RUC meeting. In addition, we request that the PE Subcommittee also reaffirm its previous PE recommendations for this code family.

Thank you for your consideration of our request.

Sincerely,

Kurt A. Schoppe, MD
ACR RUC Advisor

Felice A. Caldarella, MD, FACE, FACP, CDE
AACE RUC Advisor

Allan R. Glass, MD
ES RUC Advisor

Curtis Anderson, MD
SIR RUC Advisor

Roger E. McLendon, MD, FCA
CAP RUC Advisor

Peter R. Manes, MD
AAOHNS RUC Advisor

January 22, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Submitted electronically:

Re: Revisions to Payment Policies under the Physician Payment Schedule and Other Revisions to Part B for CY 2019

Dear Administrator Verma:

The undersigned specialty societies submit the following comments regarding an error in the 2019 Medicare Physician Fee Schedule (MFS). We believe the Centers for Medicare and Medicaid Services (CMS) erroneously double-counted the projected utilization for several new CPT Codes, thus resulting in inappropriate work relative value unit (wRVU) assignments. As such, we are respectfully requesting that CMS correct the error immediately and update the work RVUs, for claims processing starting in quarter two (2019).

Fine Needle Aspiration (FNA) (CPT codes 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 76492, 77002 and 77021)

CPT code 10021 was identified as part of the Centers for Medicare and Medicaid Services (CMS) OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding physician work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. The specialty societies provided two reasons why this issue needed to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, the codes needed clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging. In October 2017 the RUC reviewed recommendations for CPT Codes 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011 and 10012.

Dilation of Urinary Tract (CPT codes 50436, 50437, 52334, and 74485)

In October 2014, the CPT Editorial Panel deleted six codes and created 12 codes to describe genitourinary catheter procedures and bundle inherent imaging services. Those codes were reviewed by the RUC in January 2015. The RUC also referred CPT code 50395 *Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous*, which was identified as part of the family, to the CPT Editorial Panel to clear up confusion with overlap in physician work with 50432 *Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation*. In September 2017, the CPT Editorial Panel deleted CPT code 50395 nephrostomy tract code and created two new codes to report (1) dilation of an existing tract, and (2) establishment of new percutaneous access to the collecting system for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy), all associated radiological supervision and interpretation, as well as post procedure tube placement when performed. Imaging is also now included in those codes. In January 2018 the RUC reviewed recommendations for CPT Codes 50436 and 50437.

CY2019 RUC Recommendations

CMS reviewed the RUC recommendations for both the FNA family and the urinary tract family for calendar year 2019. CMS refined many of the RUC recommended values for these services. See below:

CPT CODE	DESCRIPTOR	RUC Recommended RVU	CY 2019 RVU
10021	Fine needle aspiration biopsy without imaging guidance; first lesion	1.27	1.03
10004	Fine needle aspiration biopsy without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	0.80
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	1.46
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	1.00	1.00
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	1.81
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	1.18	1.18

CPT CODE	DESCRIPTOR	RUC Recommended RVU	CY 2019 RVU
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	2.26
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	1.65	1.65
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	C	C
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	C	C
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	3.37	2.78
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	5.44	4.83

Projected Utilization

For these two code families (FNA and Urinary Tract), we believe CMS erroneously double-counted the utilization for new codes that had image guidance bundled, causing the Agency to incorrectly believe that the RUC was recommending large increases for both code families. We believe this is the principle reason why CMS rejected the RUC recommendations for many of the codes in these two families.

Specifically, in the CY2019 proposed rule, CMS indicated that based on their analysis, there was an approximate 20 percent increase in utilization for the new FNA codes. As such, the Agency could not support the RUC-recommended work RVUs. In the American Medical Association (AMA) comment letter, the AMA submitted analysis indicating a 15 percent *decrease* in utilization for the new FNA codes, and reiterated support for the RUC-recommended values. However, in the final rule, CMS maintained their proposed valuations for the FNA codes based on inaccurate utilization estimates. CMS included the below table in the final rule.

The aggregate utilization for codes 10004-10012 should have exactly equaled the utilization of delete code 10022 *FNA w/ guidance*. Instead, CMS doubled the utilization by adding the utilization of 10022 to the bundled utilization of each guidance code.

TABLE 12—FINE NEEDLE ASPIRATION WORK POOL COMPARISON

HCPCS code	Utilization source	Utilization destination	Work RVU source	Work pool source	Work RVU destination	Work pool destination	Work pool RVU change	Work pool % change
10021	23,755	21,380	1.27	30,169	1.20	25,655	−4,513	−15
10004	0	2,376	0.00	0	0.80	1,900	1,900	
10005	0	270,753	0.00	0	1.63	441,327	441,327	
10006	0	30,621	0.00	0	1.00	30,621	30,621	
10007	0	6,857	0.00	0	1.81	12,411	12,411	
10008	0	873	0.00	0	1.18	1,030	1,030	
10009	0	60,665	0.00	0	2.43	147,416	147,416	
10010	0	6,831	0.00	0	1.65	11,271	11,271	
10011	0	83	0.00	0	C	0	0	
10012	0	3	0.00	0	C	0	0	
10022	186,455	0	1.27	236,798	0.00	0	−236,798	−100
76942	558,081	488,321	0.67	373,914	0.67	327,175	−46,739	−13
7694226	641,346	561,178	0.67	429,702	0.67	375,989	−53,713	−13
76942TC	8,588	7,515	0.00	0	0.00	0	0	
77002	311,280	308,790	0.54	168,091	0.54	166,746	−1,345	−1
7700226	180,964	179,516	0.54	97,721	0.54	96,939	−782	−1
77002TC	7,936	7,873	0.00	0	0.00	0	0	
77012	9,343	7,792	1.16	10,838	1.50	11,688	850	8
7701226	194,611	162,306	1.16	225,749	1.50	243,458	17,710	8
77012TC	469	391	0.00	0	0.00	0	0	
77021	1,481	1,432	1.50	2,222	1.50	2,148	−73	−3
7702126	1,038	1,004	1.50	1,557	1.50	1,506	−51	−3
77021TC	67	65	0.00	0	0.00	0	0	
Totals	2,125,414	2,126,622		1,576,760		1,897,282	320,523	20

We believe this same flawed methodology also impacted the valuation of the dilation of urinary tract tab. In December 2018, the AMA requested that CMS reconsider their rejection of the RUC recommendations for CY2019. They declined to do so for CY2019, noting that their utilization projections in the NPRM addenda materials were available for public comment.

Correct Technical Error

The undersigned specialty societies request that CMS issue a technical correction to the utilization files and update the work RVUs, to reflect the RUC recommended values, for claims processing starting in quarter two (2019). We request these changes be effective January 1, 2019, which will allow providers the opportunity to reprocess claims from quarter one.

Thank you for addressing the error with these values. We understand that you may contact Mike Morrow at the AMA if you have any technical questions related to the utilization projections. Please don't hesitate to contact Stephanie Le at Sle@acr.org or Trisha Crishock at trishacrishock@gmail.com with any questions.

Sincerely,

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)
The American Association of Clinical Endocrinologists (AACE)
The American College of Radiology (ACR)
The American Society for Clinical Pathology
The American Society of Cytopathology (ASC)
The American Urologic Association (AUA)
The Congress of American Pathologists (CAP)
The Society of Interventional Radiology (SIR)

cc: Edith Hambrick, MD
Karen Nakano, MD
Marge Watchorn
Michael Soracoe
Mike Morrow

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2016

January 2018

Fine Needle Aspiration

CPT code 10021 was identified as part of the CMS OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. CPT Code 10022 was identified under the CMS High Expenditure Procedure list in the NPRM for 2016. The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging. At the October 2017 RUC meeting, 10011 and 10012 did not meet the minimum survey threshold of 30 responses. The specialty society left the survey open and presented recommendations in January 2018. CPT code 77021 was identified as part of the family but was not surveyed for October, so the RUC recommended that it be surveyed for January 2018.

77021 ***Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation***
The RUC reviewed the survey results from 43 diagnostic and interventional radiologists and agreed with the following physician time component: pre-service evaluation time of 15 minutes, intra-service time of 45 minutes, and post-service time of 15 minutes.

The specialty society presented compelling evidence for CPT code 77021. The specialties noted that the patient population has changed since 77021 was last valued, pointing out that the utilization decreased when the guidance was bundled into new MR Guided breast biopsy codes. The specialty also noted potential miscoding for 77021 related to a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. The specialty noted that the remaining correctly coded utilization was a more complex patient. The RUC noted that the typical patient used in the survey was the same typical patient that was used in 2000. The RUC did not approve the compelling evidence arguments made by the specialties.

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The RUC determined the current work RVU of 1.50, which is below the survey 25th percentile, must remain givent he lack of compelling evidence. The RUC compared the survey code to CPT code 75710 *Angiography, extremity, unilateral, radiological supervision and interpretation* (work RVU= 1.75, intra-service time of 40 minutes, total time of 70 minutes) and noted that CPT code 77021 includes more intra-service time and total time, however it is slightly less intense to perform. **The RUC recommends maintaining the current RVU of 1.50 for CPT code 77021.**

10011 ***Fine needle aspiration biopsy, including MR guidance; first lesion***
The RUC recommends that CPT code 10011 to be carrier priced until the service is more widely utilized in the US. **The RUC recommends that CPT code 10011 be carrier priced.**

10012 ***Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC recommends that CPT code 10012 to be carrier priced until the service is more widely utilized in the US. **The RUC recommends that CPT code 10012 be carrier priced.**

Potential Miscoding for CPT code 77021
It was noted that there may be some miscoding for MR Guidance code 77021, where this code is inappropriately being reported for a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. 42.3 percent of the global reporting for MR Guidance code 77021 is with ultrasound guidance code 76942 per 2015 billed together data. The specialty societies have already submitted an article to the CPT Assistant Board to clarify when to report this service.

Practice Expense
The RUC recommends the direct practice expense inputs without modification, as reviewed and approved by the PE Subcommittee.

New Technology/New Services
Codes 10011, 10012 and 77021 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Work Neutrality
The RUC's recommendation for this code family will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **General** **Fine Needle Aspiration (FNA) Biopsy** A **fine needle aspiration** (FNA) **biopsy** is performed when material is aspirated with a fine needle and the cells are examined cytologically. A **core needle biopsy** is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. FNA biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (eg, 76942, 77002, 77012, 77021) may not be reported separately with 10021, 10004-10012. Codes 10021, 10004-10012 are reported once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures. When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different lesions~~a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different~~ a separate lesions, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59. ~~(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)~~				
▲10021	G1	Fine needle aspiration biopsy,~~:~~ without imaging guidance; first lesion	XXX	1.20 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
~~**D** 10022~~	-	~~with imaging guidance~~ (10022 has been deleted. To report, see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)	XXX	N/A (2018 Work RVU = 1.27)

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●✚10004	G2	each additional lesion (List separately in addition to code for primary procedure) (Use 10004 in conjunction with 10021) (Do not report 10021, 10004 in conjunction with 10005-10012 for the same lesion) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	0.80 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10005	G3	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10006	G4	each additional lesion (List separately in addition to code for primary procedure) (Use 10006 in conjunction with 10005) (Do not report 10005, 10006 in conjunction with 76942) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.00 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10007	G5	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10008	G6	each additional lesion (List separately in addition to code for primary procedure) (Use 10008 in conjunction with 10007) (Do not report 10007, 10008 in conjunction with 77002) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.18 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)

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●10009	G7	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●✚10010	G8	each additional lesion (List separately in addition to code for primary procedure) (Use 10010 in conjunction with 10009) (Do not report 10009, 10010 in conjunction with 77012) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.65 (Affirmed October 2017 RUC recommendation at the January 2018 RUC meeting)
●10011	G9	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Carrier Price
●✚10012	G10	each additional lesion (List separately in addition to code for primary procedure) (Use 10012 in conjunction with 10011) (Do not report 10011, 10012 in conjunction with 77021) (For evaluation of fine needle aspirate, see 88172, 88173, 88177) ~~(For placement of percutaneous localization device[s] [eg, clip, metallic pellet, during breast biopsy], see 19081- 19086)~~ ~~(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)~~ *(For percutaneous needle biopsy other than fine needle aspiration biopsy, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas,*	ZZZ	Carrier Price

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		49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord) (For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030) ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~		

Integumentary System
Breast
Excision

19100 *Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Musculoskeletal System
General
Excision

20206 *Biopsy, muscle, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Respiratory System
Lungs and Pleura
Excision/Resection

32400 *Biopsy, pleura, percutaneous needle*

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(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

32405 *Biopsy, lung or mediastinum, percutaneous needle*

(For open biopsy of lung, see 32096, 32097. For open biopsy of mediastinum, see 39000 or 39010. For thoracoscopic [VATS] biopsy of lung, pleura, pericardium, or mediastinal space structure, see 32604, 32606, 32607, 32608, 32609)

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Lymph Nodes and Lymphatic Channels
Excision

38500 *Biopsy or excision of lymph node(s); open, superficial*

38505 *by needle, superficial (eg, cervical, inguinal, axillary)*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

. . .

38530 *open, internal mammary node(s)*

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180.)

(For fine needle aspiration biopsy, retroperitoneal lymph node or mass, see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~use 10022~~)

Salivary Gland and Ducts
Excision

42400 *Biopsy of salivary gland; needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Liver
Incision

47000 *Biopsy of liver, needle; percutaneous*

✚*47001* *when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)*

(If imaging guidance is performed, see 76942, 77002)

(For fine needle aspiration biopsy in conjunction with 47000, 47001, see ~~10021, 10022~~ 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Pancreas
Excision

48102 *Biopsy of pancreas, percutaneous needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Abdomen, Peritoneum, and Omentum
Excision, Destruction

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Urinary System
Kidney
Excision

50200 *Renal biopsy; percutaneous, by trocar or needle*

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(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Male Genital System
Testis
Excision

54500 *Biopsy of testis, needle (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Epididymis
Excision

54800 *Biopsy of epididymis, needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Prostate
Incision

55700 *Biopsy, prostate; needle or punch, single or multiple, any approach*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Excision

60100 *Biopsy thyroid, percutaneous core needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Endocrine System
Thyroid Gland
Removal

60300 *Aspiration and/or injection, thyroid cyst*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*

(For imaging, use 77003)

(Do not report 62267 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~10022~~, 20225, 62287, 62290, 62291)

62269 *Biopsy of spinal cord, percutaneous needle*

(For imaging, use 77003)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Diagnostic Ultrasound
Ultrasonic Guidance Procedures

▲76942	G11	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 10021, 10004, 10005, 10006, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)	XXX	0.67 (No Change) (Affirmed April 2014 RUC recommendation at October 2017 RUC meeting)

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Radiologic Guidance **Fluoroscopic Guidance** *(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the descriptor)*				
▲77002	G12	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with ~~10022,~~10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)	ZZZ	0.54 (No Change) (Affirmed October 2015 RUC recommendation at October 2017 RUC meeting)
Computed Tomography Guidance				
▲77012	G13	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation *(Do not report 77011, 77012 in conjunction with 22586, 0195T, 0196T, 0309T)* (Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 64479-64484, 64490-64495, 64633-64636, 0232T)	XXX	1.50 (Affirmed April 2017 RUC recommendation at October 2017 and January 2018 RUC meetings)

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Magnetic Resonance Guidance				
▲77021	G14	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation *(For procedure, see appropriate organ or site)* (Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32554, 32555, 32556, 32557, 0232T)	XXX	1.50 (No Change)

Cytopathology

88164 *Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision*

88167 *with manual screening and computer-assisted rescreening using cell selection and review under physician supervision*

(~~To report~~ For collection of specimen via fine needle aspiration biopsy, see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 ~~10021, 10022~~)

88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*

88173 *interpretation and report*

(Report one unit of 88173 for the interpretation and report from each anatomic site, regardless of the number of passes or evaluation episodes performed during the aspiration procedure)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Surgical Pathology

88309 *Level VI - Surgical pathology, gross and microscopic examination*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77021 Tracking Number G14 Original Specialty Recommended RVU: **2.85**
Presented Recommended RVU: **2.85**
Global Period: XXX Current Work RVU: **1.50** RUC Recommended RVU: **1.50**

CPT Descriptor: Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with known colon cancer is discovered to have a solid mass within the liver, best visualized on MRI. He is being considered for segmental hepatic resection with no other identifiable metastatic disease. He is referred for a percutaneous core biopsy of the mass. Because it is best seen on MRI, this modality is used for guidance of the biopsy (biopsy procedure coded separately, 47000 biopsy of liver, needle; percutaneous).

Percentage of Survey Respondents who found Vignette to be Typical: 63%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving contrast as needed. Discuss with the patient (and family) the risks due to use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the MR gantry and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation.Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment (e.g. best MR pulse sequence for visualization). Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (i.e. the field must be clear of impediments to table motion for movement into and out of the MR gantry). The physician (and staff) go through MR safety check procedures prior to entering the MR suite.

Description of Intra-Service Work: Supervise and interpret localizer images of area to be imaged to select appropriate field of view. Obtain and interpret preliminary MR images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target lesion(s), and adjust patient positioning or protocol as needed.

The skin entry site is marked and prepped in sterile fashion. Perform intermittent MR guidance to direct needle to target(s) and reposition as necessary. Confirm satisfactory needle placement in the target(s) with repeat MR sequences. Obtain and interpret post-procedural MR sequences to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Dictate report for medical record.

Description of Post-Service Work: Review, edit and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Michael Hall, MD; Curtis Anderson, MD, PhD		
Specialty(s):	American College of Radiology, Society of Interventional Radiology		
CPT Code:	77021		
Sample Size:	4050	**Resp N:** 43	**Response:** 1.0 %
Description of Sample:	ACR surveyed a random sample of 1375 members, as well as 1375 random members w ho indicated that they perform interventional radiology procedures. SIR randomly surveyed 1300 of their members..		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**9.00**	14.00	75.00
Survey RVW:	0.54	2.25	**2.85**	3.50	6.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77021	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74181	XXX	1.46	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74183	XXX	2.20	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,942,280

CPT Descriptor 1 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.17	**RUC Time**	2,904,331

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 23.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 77021	**Top Key Reference CPT Code:** 74181	**2nd Key Reference CPT Code:** **74183**
Median Pre-Service Time	15.00	5.00	5.00
Median Intra-Service Time	45.00	20.00	30.00
Median Immediate Post-service Time	15.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**75.00**	**30.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	30%	70%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	20%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	90%
Physical effort required	0%	20%	80%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	30%	70%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	30%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes. These codes were surveyed for the October 2017 RUC meeting. The ultrasound (76942), fluoroscopic (77002), and CT (77012) guidance codes were recently surveyed and the values were reaffirmed by the RUC at the October 2017 meeting. 77021 *(Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)* has not been recently reviewed and therefore was surveyed for physician work since it is part of this broader family of codes.

Survey Process

The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members, and assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:

We recommend a work RVU of 2.85, which corresponds to the median survey value, and is an increased RVU compared with the existing value of 1.50.

Compelling Evidence

The value of 77021 should increase because the population of patients undergoing this procedure is different compared to when it was previously surveyed. After the breast biopsy procedures were bundled with imaging guidance during the 2014 RUC cycle, the utilization of 77021 has decreased significantly from 5,432 claims in 2013 to 2,164 claims in 2016. By removing the MR guided breast biopsy procedures from this patient population, the patients who currently undergo MR guided needle placements typically have deep intra-abdominal or intra-pelvic targets, which are more technically demanding to reach and inherently riskier for the patient and operating physician.

Time Recommendation:

We recommend the median survey times: 15 minutes pre-service, 45 minutes intra-service, and 15 minutes post-service. This is a total time of 75 minutes.

Key Reference Services

Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 74181 *(Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s))*, chosen by 23% of the respondents,
- 74183 *(Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences)*, chosen by 23% of the respondents, and
- 74712 *(Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation)*, chosen by 19% of the respondents.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74181	MRI Abdomen without contrast	1.46	30	5	20	5	0.062	23%
74183	MRI Abdomen without and with contrast	2.20	40	5	30	5	0.066	23%
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**	
74712	MRI Fetus; first gestation	3.00	90	15	60	15	0.039	19%

74712 has 15 more minutes of intra-service time and is appropriately valued higher than 77021. These two procedures are among the most difficult MRI exams in radiology. They are both technically demanding on the part of the physician and require coordination with other physicians and detailed assessment of prior patient imaging. Because 77021 is an invasive procedure, the recommended value is proportional to 74712 based on intra-service and total service period times.

77021 has 15 more minutes of intra-service time compared with 74183, and the recommended work RVU is proportionally higher, 2.85 compared with 2.20. Though it seems incongruous, the slightly lower IWPUT for the invasive procedure (77021) is clinically appropriate. As with any procedure, there are periods of lower and higher intensity. The highest intensity of work in 77021 is higher than that of 74183; however, 74183 is a consistent intensity of work throughout the duration of the procedure, while the experienced intensity of 77021 will fluctuate depending upon the stage of the procedure. Overall, these services compare well with each other as 74183 covers the same anatomy as the most common indications for 77021, and most physicians performing 77021 will also be interpreting 74183.

MPC Codes

Our recommended work RVU and service period times fall between two MPC codes:

- 99222 *(Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.)*, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family..*

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
99222	Initial hospital care, moderate complexity	2.61	75	15	40	20	0.046
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**
99205	Office visit, new patient, comprehensive	3.17	67	7	45	15	0.060

There are no radiology MPC codes at this high end of the RBRVS, but these comparisons are appropriate based on the service period times in these three codes. Our recommended wRVU for 77021 is evenly spaced

between these two services, which either have the same total time (99222) or the same intra-service period time (99205).

Additional Comparison

We believe that the KRS and MPC codes highlighted above support the recommended wRVU for 77021 of 2.85, but we recognize that the absolute increase in value compared to the prior wRVU of 1.50 is uncharacteristically large.

We contend that the prior value for 77021 was inappropriately low, and this is supported by a comparison to other RUC-reviewed radiology and non-radiology codes with similar intra-service period times as shown below. The 25th percentile survey value of 2.25 wRVU would therefore be abnormally low for an invasive procedure and given these survey times, which have not changed significantly compared to the prior survey.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
91110	GI tract capsule endoscopy	2.49	65	5	45	15	0.045
74262	CT colonography with contrast	2.50	57	5	45	7	0.050
75561	Cardiac MRI, morph, with contrast	2.60	65	10	45	10	0.048
95783	Polysomnography, <6 yrs, sleep staging	2.83	85	20	50	15	0.041
77021	**MRI guided needle placement**	**2.85**	**75**	**15**	**45**	**15**	**0.048**
75559	Cardiac MRI with stress imaging	2.95	75	15	50	10	0.048

Conclusion

The compelling evidence, survey results, and comparison with applicable codes support an increase in value for 77021 *(Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)*.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 77021 is billed together with CPT code 55700 88% of the time.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6490
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Services reported by CPT code 77021are estimated to be provided 6,490 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2760 Percentage 42.52 %

Specialty Interventional Radiology Frequency 561 Percentage 8.64 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,164
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Services reported by CPT code 77021 are estimated to be provideded 2,164 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 920 Percentage 42.51 %

Specialty Interventional Radiology Frequency 187 Percentage 8.64 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77021

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Fine Needle Aspiration & MR Biopsy

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REC	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion		0.053			1.20			33	10					15			8					
REC	+10X11	each additional lesion (List separately in addition to code for primary procedure)		0.057			0.80			14						14								
REC	10X12	Fine needle aspiration biopsy, including ultrasound guidance; first lesion		0.060			1.63			39	10					20			9					
REC	+10X13	each additional lesion (List separately in addition to code for primary procedure)		0.067			1.00			15						15								
REC	10X14	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		0.050			1.81			47	10					27			10					
REC	+10X15	each additional lesion (List separately in addition to code for primary procedure)		0.059			1.18			20						20								
REC	10X16	Fine needle aspiration biopsy, including CT guidance; first lesion		0.052			2.43			62	15					35			12					
REC	+10X17	each additional lesion (List separately in addition to code for primary procedure)		0.066			1.65			25						25								
REC	76942	Ultrasonic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
REC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17	2					15								
REC	77012	Computed tomography guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	10	0.062			1.46			30	5					20			5					
2nd REF	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	10	0.066			2.20			40	5					30			5					
3rd REF	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	8	0.039			3.00			90	15					60			15					
Current	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, fine needle aspiration biopsy, injection, or placement of localization device) radiological supervision and interpretation		0.017			1.50			77.5	20					42.5			15					
SVY	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	43	0.048	0.54	2.25	2.85	3.50	6.00	75	15			10	30	45	60	90	15	0	2	9	14	75
ACR - SVY	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	33	0.052	0.54	2.25	2.75	3.50	6.00	70	15			10	30	40	55	75	15	0	3	10	20	75
ACR - Subset	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	26	0.054	1.50	2.21	2.73	3.19	6.00	66	15			10	30	40	59	75	11	0	4	10	24	75
ACR - Random	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	7	0.058	0.54	3.00	3.30	3.50	4.01	75	15			25	30	45	50	60	15	1	4	8	10	75
SIR	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	10	0.047	1.45	2.31	3.00	3.75	5.00	82	19			15	33	48	68	90	15	0	0	3	11	20
REC	77021			0.018			1.50			75	15					45			15					

CPT Code: 77021
Specialty Society: ACR and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: October 2017

Global Period: XXX and ZZZ

CPT Long Descriptors:

- 77021 Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for 10X18, 10X19, and 77021.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The ACR and SIR included the existing direct practice expense inputs for the underlying CPT Codes, as well as the RUC-approved PE inputs for the other imaging FNA codes from the October 2017 cycle.

3. **Is this code(s) typically billed with an E/M service?**

   The "with imaging" services are NOT typically billed with an E/M service.

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Current 10022 "with imaging" – all data 52% radiology, NF data only 41% endocrinology
   New coding "with imaging" FL, CT and MR, radiology will be dominant provider

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We have included an extra minute of positioning time for 77021 and X18. The extra positioning time is needed to position the patient to ensure the imaging equipment will work appropriately with their positioning (e.g. avoid entrapment with moving MRI table, avoid artifacts from leads or wires).

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   The specialty societies are recommending supplies for the new FNA codes that are not in the existing/predecessor codes. Below is a detailed description of the supplies needed for these new FNA procedures. The specialties believe there is compelling evidence to change the direct inputs for the newly created codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. See below:

PE Compelling Evidence for Fine Needle Aspiration

Components of PE Compelling Evidence	10X18	10X19
• Evidence that patient poulation has changed.	**Yes**	**Yes**
• Evidence that technology has changed clinical staff time.	**Yes**	**Yes**
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**

The increases in total clinical time are based on (1) physician work time and (2) the addition of a second clinical staff person to the flouro, CT and MR procedures to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition. The existing model is to allocate 75% of a tech (specific type depending on procedure) and 25% at the lower rate of a nurse blend.

Based on the typical vignettes for these newly created codes, the specialties are requesting 3 needles/syringes (not 2). The typical number of passes will be 3-5.

MR Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

*NEW ITEM: MREYE CHIBA Biopsy Needle – This is a new item specifically for MR guided needle biopsy. This needle is MRI compatible and non-ferromagnetic. A typical steel Chiba needle is not MRI safe and cannot be used.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SC022 mammotome probe guide – Cutaneous marker/guide which allows for marking the skin

entry site and passively supporting/guiding the needle during repeated imaging acquisition/needle repositioning cycles.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

SA061 tray, biopsy procedure
0.9% Sodium Chloride, 5mL: for flushing samples out of needles as needed.
Specimen tubes and caps (2): for samples in formalin, RPMI or phosphate buffered saline
Slides, fully frosted (2): for touch preps and smears
frosted end (2): for touch preps and smears
25 Ga x 5/8" needle: local anesthesia (superficial)
22 Ga x 1-1/2" needle: local anesthesia (deep)
18 Ga x 2" blunt needle: drawing up medications
10 cc Plastic Syringes, Luer Lock (2): (lidocaine or other solution delivery)
No. 11 scalpel assembly: skin nick for biopsy site
Needle stop: sharps management
PVP Swabsticks (triples): sterile prep
Alcohol Wipe: wiping medication vials before drawing up
1% Lidocaine HCl, 5 mL (2 ampules): local anesthesia
3" x 3" Gauze (3): cleaning small blood droplets
Disposable Towel: cleaning Povidone off skin post procedure
Fenestrated drape: site drape for biopsy
Puncture site bandage:
8" paper ruler: for measuring and planning puncture site.
Sterile indicator: the strip that comes in the pack confirming sterility
Hospital wrap: packaging

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

**activities related to "with imaging" procedures*

Pre-Service Clinical Labor Activities:
*Confirm availability of prior images/studies
*Review patient clinical extant information and questionnaire

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment
Assist physician (100% - hip to hip)
*Perform procedure (75% - related to imaging)

*Perform procedure (25% - floater)
Clean room/equipment by physician staff
Complete post-procedure diagnostic forms, lab and x-ray requisitions
Review/read post-procedure x-ray, lab and pathology reports
*Technologist archives and QC's images to/in PACS, checking for all images and dose page
*Review examination with interpreting MD
*Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
Review home care instructions, coordinate visits/prescriptions

Post-Service Clinical Labor Activities:
N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   For the fluoroscopy, CT and MR codes we have included a tech at 75% of the physician work time to perform the imaging acquisition portion of the procedure and a nurse blend at 25% of the physician work time as the floater.

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    CPT Code 10X18 MR FNA will need a MREYE CHIBA BIOPSY NEEDLE. The Chiba needle for MRI guided biopsy must be safe for the high magnetic field environment. In particular, it must not be ferromagnetic and therefore cannot be made from stainless steel. The MRI safe Chiba needle is made from a nonferromagnetic alloy. Copy of a paid invoice is attached. The use of three needles to acquire three separate samples is typical; each needle is $37.

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    EF015 Mayo Stand – default formula
    EL008 MR room – highly technical formula

ED050 PACS workstation proxy – PACS formula
ED053 Professional PACS – linked to physician work *(half of pre and all of intra)*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	S	U	W
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**76942**	**10005**	**10006**
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5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*2*	*4*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*27*	*37*	*15*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 10.73**	**$ 15.17**	**$ 5.55**
23		**PRE-SERVICE PERIOD**				**29**	**41**	**15**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37	2	2	
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41			
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37		2	
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37		2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41			
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2	2	
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2	2	
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41			
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37		20	15
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37			
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

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7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41			
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	15		
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3	3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41			
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37			
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37	2		
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41			
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37	2		
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41			
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37	1		
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41			
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

	A	B	D	E	F	S	U	W
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**76942**	**10005**	**10006**
3		***RUC Collaboration Website***				Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including ultrasound guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.71**	**$ 21.80**	**$ 0.86**
149	SA048	pack, minimum multi-specialty visit	1.143	pack			1	
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item				
152	SB004	cover, thermometer probe	0.038	item				
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item		1	1	
154	SB008	drape, sterile, c-arm, fluoro	4.504	item				
155	SB012	drape, sterile, for Mayo stand	1.688	item				
156	SB014	drape, sterile, three-quarter sheet	3.83	item				
157	SB019	drape-towel, sterile 18in x 26in	0.282	item				
158	SB022	gloves, non-sterile	0.084	pair				
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item				
161	SB027	gown, staff, impervious	1.186	item				
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			1	
165	SB039	shoe covers, surgical	0.338	pair				
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item			2	3
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item				
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz		4		
179	SJ041	povidone soln (Betadine)	0.008	ml				
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71				1	
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml		10	10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz				
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item		2		
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	S	U	W
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**76942**	**10005**	**10006**
3		***RUC Collaboration Website***				Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including ultrasound guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**41**	**15**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 4.22**	**$ 4.46**	**$ 1.81**
199	EF023	table, exam	1338.17	Default	0.002976617		37	15
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	15		
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145	19		
202	EL007	room, CT	1284000	Highly Technical	4.865100588			
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994	24	37	15
206	EF015	mayo stand	530.76	Default	0.001180619		37	15
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*4*	*4*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*22*	*5*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*25*	*56*	*40*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 11.89**	**$ 32.75**	**$ 18.25**
23		**PRE-SERVICE PERIOD**				**29**	**82**	**45**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41	2	2	
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41	2	2	

	A	B	D	E	F	AC	AE	AG
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3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
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6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

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1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
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5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37		2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41	2	2	
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37			
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41	2	2	
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37			
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41		27	20
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37		7	5
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41		20	15
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

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6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41	15		
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37		3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41	3		
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37		2	
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41	2	2	2
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41		2	2
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41	1	1	1
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

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6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.75**	**$ 60.30**	**$ 26.11**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item			3	
152	SB004	cover, thermometer probe	0.038	item			1	
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item		1	1	
155	SB012	drape, sterile, for Mayo stand	1.688	item			1	
156	SB014	drape, sterile, three-quarter sheet	3.83	item			1	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item			2	
158	SB022	gloves, non-sterile	0.084	pair		1	1	
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item			1	
161	SB027	gown, staff, impervious	1.186	item			2	
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			2	
165	SB039	shoe covers, surgical	0.338	pair			3	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item			3	3
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml				10
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml			10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		1		
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	AC	AE	AG
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77002**	**10007**	**10008**
3		***RUC Collaboration Website***				Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**RECOMMENDED**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**ZZZ**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**29**	**82**	**45**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 31.20**	**$ 64.28**	**$ 29.59**
199	EF023	table, exam	1338.17	Default	0.002976617			
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	25	49	25
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145		32	20
202	EL007	room, CT	1284000	Highly Technical	4.865100588			
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936	22	44	20
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619		44	20
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*4*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*3*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*1*	*26*	*6*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*68*	*44*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*0*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*32*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.72**	**$ 42.76**	**$ 22.44**
23		**PRE-SERVICE PERIOD**				**36**	**98**	**50**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41	3		
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46		2	
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46		2	
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **(Oct 2017 RUC)**	Fine needle aspiration biopsy, including CT guidance; first lesion **(Oct 2017 RUC)**	each additional lesion (List separately in addition to code for primary procedure) **(Oct 2017 RUC)**
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37		2	
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37		3	
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	1	2	
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41	2		
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46		2	
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47			
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41	1		
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37		2	
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41	2		
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47			
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37			
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46		35	25
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37		9	6
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46		26	19

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (Oct 2017 RUC)	Fine needle aspiration biopsy, including CT guidance; first lesion (Oct 2017 RUC)	each additional lesion (List separately in addition to code for primary procedure) (Oct 2017 RUC)
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41	18		
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47			
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37		3	
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41	3		
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47			
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37		2	
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37		1	
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46		2	
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41	3		
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46		2	
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41	2		
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46		1	
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41	1		
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (Oct 2017 RUC)	Fine needle aspiration biopsy, including CT guidance; first lesion (Oct 2017 RUC)	each additional lesion (List separately in addition to code for primary procedure) (Oct 2017 RUC)
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37		2	
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.67**	**$ 55.91**	**$ 26.11**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray			1	
151	SB001	cap, surgical	0.209	item			3	
152	SB004	cover, thermometer probe	0.038	item			1	
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item		1		
155	SB012	drape, sterile, for Mayo stand	1.688	item			1	
156	SB014	drape, sterile, three-quarter sheet	3.83	item			1	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item			2	
158	SB022	gloves, non-sterile	0.084	pair			1	
159	SB024	gloves, sterile	0.84	pair			2	
160	SB026	gown, patient	0.533	item			1	
161	SB027	gown, staff, impervious	1.186	item			2	
162	SB030	lab coat, staff	4.522	item				
163	SB033	mask, surgical	0.196	item				
164	SB034	mask, surgical, with face shield	1.199	item			2	
165	SB039	shoe covers, surgical	0.338	pair			3	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item			1	
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item			3	3
171	SC051	syringe 10-12ml	0.184	item			2	3
172	SD086	grids	0.11	item			1	
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				1
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml				10
180	SJ053	swab-pad, alcohol	0.013	item			1	
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item				
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml			10	
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz		1		
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz				
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

	A	B	D	E	F	AM	AO	AQ
1	**RUC Practice Expense Spreadsheet**					**RECOMMENDED**	**RECOMMENDED**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete***				**77012**	**10009**	**10010**
3		***RUC Collaboration Website***				Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (Oct 2017 RUC)	Fine needle aspiration biopsy, including CT guidance; first lesion (Oct 2017 RUC)	each additional lesion (List separately in addition to code for primary procedure) (Oct 2017 RUC)
4	**Clinical Activity Code**	**Meeting Date: January 2018 Tab: 4 Specialty: ACR, SIR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**			
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**36**	**98**	**50**
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 139.42**	**$ 208.04**	**$ 123.66**
199	EF023	table, exam	1338.17	Default	0.002976617			
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924	32	55	25
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145	43	42	25
202	EL007	room, CT	1284000	Highly Technical	4.865100588	28	42	25
203	EL008	room, MR	1605000	Highly Technical	6.081375734			
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619		52	25
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	D	E	F	AS	AU	AW
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**CURRENT**	**RECOMMENDED**
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5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*0*	*2*
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*47*	*0*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical Sonographer*	*0.51*	*0*	*0*	*0*
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*	*0*	*0*	*0*
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*	*0*	*52*	*65*
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*	*0*	*0*	*0*
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*0*	*0*	*0*
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 17.39**	**$ 24.44**	**$ 31.49**
23		**PRE-SERVICE PERIOD**				**47**	**52**	**67**
24		**Start: Following visit when decision for surgery or procedure made**						
25	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37			
26	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37			
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37			
28	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37			
29	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			
30	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			
31	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic Medical Sonographer	0.51			
32	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41			
33	CA006	Confirm availability of prior images/studies	L046A	CT Technologist	0.46			
34	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.47			2
35	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37			
36	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologist	0.46			
37	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.47			
38	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
39	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic Technologist	0.41			
40	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			
47		**End: When patient enters office/facility for surgery/procedure**						

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
48		**SERVICE PERIOD**						
49		**Start: When patient enters office/facility for surgery/procedure:**						
50		**Pre-Service (of service period)**						
51	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37	2		
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	3		
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		
54	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37			
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic Medical Sonographer	0.51			
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.41			
57	CA013	Prepare room, equipment and supplies	L046A	CT Technologist	0.46			
58	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.47		2	2
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	5		
60	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			
61	CA014	Confirm order, protocol exam	L041B	Radiologic Technologist	0.41			
62	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.47			1
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37			
64	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051B	RN/Diagnostic Medical Sonographer	0.51			
65	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		
66	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	0.41			
67	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologist	0.46			
68	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L047A	MRI Technologist	0.47		2	3
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37			
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37	20		
75	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L051B	RN/Diagnostic Medical Sonographer	0.51			
76	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	0.41			
77	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologist	0.46			
78	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L047A	MRI Technologist	0.47			
79	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37			
80	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37			
81	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.41			
82	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L046A	CT Technologist	0.46			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
83	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L047A	MRI Technologist	0.47			
84	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	0.41			
85	CA021	Perform procedure/service---NOT directly related to physician work time	L047A	MRI Technologist	0.47		45	50
86	CA021	Perform procedure/service---NOT directly related to physician work time	L051B	RN/Diagnostic Medical Sonographer	0.51			
87	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			
91		**Post-Service (of service period)**						
92	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			
93	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37			
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic Medical Sonographer	0.51			
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.41			
97	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.47		3	3
100	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37			
101	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37	2		
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	2		
103	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37			
104	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L051B	RN/Diagnostic Medical Sonographer	0.51			
105	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.46			
106	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L047A	MRI Technologist	0.47			3
107	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	0.41			
108	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.46			
109	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.47			2
110	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37			
111	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic Medical Sonographer	0.51			
112	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.41			
113	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.37			
114	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.46			
115	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L051B	RN/Diagnostic Medical Sonographer	0.51			
116	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L047A	MRI Technologist	0.47			1
117	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	0.41			
118	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37			

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**				**47**	**52**	**67**
119	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37			
120	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	6		
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**n/a**	**n/a**
128		**End: Patient leaves office**						
129		**POST-SERVICE PERIOD**						
130		**Start: Patient leaves office/facility**						
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37			
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37			
146		**End: with last office visit before end of global period**						
147	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
148		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 45.47**	**$ -**	**$ -**
149	SA048	pack, minimum multi-specialty visit	1.143	pack				
150	SA061	tray, biopsy procedure	14.65	tray		1		
151	SB001	cap, surgical	0.209	item				
152	SB004	cover, thermometer probe	0.038	item		1		
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item				
154	SB008	drape, sterile, c-arm, fluoro	4.504	item				
155	SB012	drape, sterile, for Mayo stand	1.688	item				
156	SB014	drape, sterile, three-quarter sheet	3.83	item				
157	SB019	drape-towel, sterile 18in x 26in	0.282	item				
158	SB022	gloves, non-sterile	0.084	pair		1		
159	SB024	gloves, sterile	0.84	pair		2		
160	SB026	gown, patient	0.533	item		1		
161	SB027	gown, staff, impervious	1.186	item				
162	SB030	lab coat, staff	4.522	item		2		
163	SB033	mask, surgical	0.196	item		1		
164	SB034	mask, surgical, with face shield	1.199	item				
165	SB039	shoe covers, surgical	0.338	pair				
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item				
167	SC022	Mammotome probe guide	7	item				
168	SC029	needle, 18-27g	0.089	item				
169	SC101	ultrasound needle	12.81	item				
170	SC035	needle, Chiba	8.477	item		2		
171	SC051	syringe 10-12ml	0.184	item		3		
172	SD086	grids	0.11	item				
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item				
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				
176	SH030	Emla cream	2.089	gm				
177	SJ029	ice pack, instant	1.06	item				
178	SJ033	lubricating jelly (Surgilube)	0.501	oz				
179	SJ041	povidone soln (Betadine)	0.008	ml		10		
180	SJ053	swab-pad, alcohol	0.013	item		4		
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71					
182	SK062	patient education booklet	1.55	item		1		
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item				
184	SL071	fixative spray	0.047	ml				
185	SL120	slide container (for 20 microscope slides)	6.652	item				
186	SL122	slide, microscope	0.055	item				
187	SL154	alcohol ethyl 100%	0.028	ml				
188	SL180	phosphate buffered saline (PBS)	0.025	ml				
189	SM012	disinfectant spray (Transeptic)	0.028	ml				
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz				
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz		0		
192	SM021	sanitizing cloth-wipe (patient)	0.037	item				
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item				
194								

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197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**			
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.06**	**$ 277.72**	**$ 363.21**
199	EF023	table, exam	1338.17	Default	0.002976617			
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203	EL008	room, MR	1605000	Highly Technical	6.081375734		45	59
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936			
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994			
206	EF015	mayo stand	530.76	Default	0.001180619	47		
207								
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2016

October 2017

Fine Needle Aspiration

CPT code 10021 was identified as part of the CMS OPPS/ASC cap payment proposal in the CMS Proposed Rule for CY2014. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for CY2014, the RUC forwarded a number of practice expense only recommendations for CY2015. In the CY2016 Medicare Physician Payment Schedule Final Rule, CMS noted concern about implementing practice expense inputs without the corresponding work being reviewed. The RUC identified CPT code 10021 as one of the services that CMS' request pertained to and requested that the specialties that perform this service submit recommendations for the January 2016 RUC meeting. The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to receiving a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 75% of the time together and a bundled code solution will be developed. In June 2017, the CPT Editorial Panel deleted one code, revised one code and created 9 new codes to describe fine needle aspiration procedures with and without imaging.

10021 ***Fine needle aspiration biopsy, without imaging guidance; first lesion***
The RUC reviewed the survey results from 158 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 15 minutes of intra-service time and 8 minutes of post-service time. The RUC noted that the current times in the RUC database were from 1995 and resulted in an inappropriately low IWPUT of 0.034. Therefore, the drop in total time did not warrant a proportional change in work RVU as the previous times were not appropriate.

This service is typically performed with an Evaluation and Management (E/M) service. The specialties noted, and the RUC agreed, that although this service is typically performed with an E/M visit, the pre-service and post-service time is appropriate to account for the work that is distinct from what is performed during the E/M visit. The 10 minutes of pre-service time is appropriate to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, and clean the biopsy site with disinfectant and inject local anesthesia and wait for it to take effect. The 8 minutes of post-service time is necessary to prepare a report of the procedure for the medical record. The slides and cell block solution are checked to insure proper sealing and transportability to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

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The RUC reviewed the survey 25th percentile work RVU of 1.20 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.20, the RUC compared the survey code to MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.27, intra-service time of 15 minutes, total time of 25 minutes) and noted that both service involve a similar amount of physician work and have identical intra-service times. The RUC also compared the survey code to MPC code 99283 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity* (work RVU= 1.34, intra-service time of 18 minutes, total time of 30 minutes) and noted that the reference code has somewhat more intra-service and total time and that it was appropriate to value the survey code somewhat less than the reference code. **The RUC recommends a work RVU of 1.20 for CPT code 10021.**

10004 ***Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 125 physicians and agreed with the specialty societies on the following physician time components: 14 minutes of intra-service time. The RUC reviewed the survey 25th percentile work RVU of 0.80 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.80, the RUC compared the survey code to the 2nd key reference code 10036 *Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)* (work RVU=0.85, intra-service time of 14 minutes) and noted that both services have identical intra-service and total times involve a similar amount of physician work. The RUC also compared the survey code to MPC code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU=0.80, intra-service time of 15 minutes) and noted that both services have very similar times and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.80 for CPT code 10004.**

10005 ***Fine needle aspiration biopsy, including ultrasound guidance; first lesion***

The RUC reviewed the survey results from 203 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 20 minutes of intra-service time and 9 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.63 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.63, the RUC compared the survey code to MPC code 93351 *Echocardiography, transthoracic, real-time*

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with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional (work RVU= 1.75, intra-service time of 20 minutes total time of 35 minutes) and noted that both services have identical intra-service time, whereas the survey code involves 4 minutes more total time. The RUC also compared the survey code to CPT code 75572 *Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 1.75, intra-service time of 20 minutes, total time of 40 minutes) and noted that both codes have identical intra-service times, very similar total times and involve a similar amount of physician work. **The RUC recommends a work RVU of 1.63 for CPT code 10005.**

10006 ***Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 200 physicians and agreed with the societies on the following physician time components: 15 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.00, the RUC compared the survey code to top key reference code 19084 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance* (work RVU= 1.55, intra-service time of 20 minutes, total time of 25 minutes) and noted that given the longer intra-service, and total time and increased physician work of performing both an image guided biopsy then an image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher physician work intensity. The RUC also compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level* (work RVU 1.20, intra-service time of 15 minutes) and noted that both add-on codes have identical times, whereas the reference code is somewhat more technically demanding than the typical case for 10006, supporting the relative valuation between the two services. **The RUC recommends a work RVU of 1.00 for CPT code 10006.**

10007 ***Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion***

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 10 minutes of pre-service time, 27 minutes of intra-service time and 10 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

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The RUC reviewed the survey 25th percentile work RVU of 2.23 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC noted that this service is currently reported with codes 10022 *Fine needle aspiration; with imaging guidance* (work RVU = 1.27) and 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU = 0.54), which have a combined work RVU of 1.81. The RUC agreed that this value is appropriate for code 10007. To justify a work RVU of 1.81, the RUC compared the survey code to MPC code 99221 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit* (work RVU= 1.92, intra-service time of 30 minutes, total time of 50 minutes) and noted that the reference code involves slightly more intra-service time and total time, supporting a somewhat lower valuation for the survey code. The RUC also compared the survey code to MPC code 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU= 1.82, intra-service time of 25 minutes, total time 40 minutes) and noted that the survey code involves more intra-service time and more total time. **The RUC recommends a work RVU of 1.81 for CPT code 10007.**

10008 ***Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 31 physicians and agreed with the societies on the following physician time components: 20 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an evaluation and management service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.50 and agreed that this value somewhat overvalues the physician work involved in performing this service. To determine an appropriate value for this service, the RUC reviewed how this service is currently reported with codes 10022 and 77002 which have a combined work RVU of 1.81. Although Medicare does not apply the multiple procedure reduction to this service currently, the specialties based their proposed value on if the multiple procedure reduction was applied to deleted code 10022, which would produce a combined work RVU with 77002 of 1.18 (0.64+0.54 = 1.18). To justify a work RVU of 1.18, the RUC compared the survey code to MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that the survey code involves more intra-service and total time, whereas the reference code involves a bit more complexity, and would value the codes appropriately to each other. The RUC also compared the survey code to top key reference code 19082 *Biopsy, breast, with*

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placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (work RVU=1.65, intra-service time of 25 minutes, total time of 30 minutes) and noted that given the longer total time and increased work of doing both an image guided biopsy then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher physician work intensity. **The RUC recommends a work RVU of 1.18 for CPT code 10008.**

10009 ***Fine needle aspiration biopsy, including CT guidance; first lesion***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 15 minutes of pre-service time, 35 minutes of intra-service time and 12 minutes of post-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 2.43 and agreed that this value appropriately accounts for the physician work involved. The RUC also noted that this is the aggregate work value for the two CPT codes that are being bundled into this new code. To justify a work RVU of 2.43, the RUC compared the survey code to CPT code 99204 *Office or other outpatient visit for the evaluation and management of a new patient…*(work RVU= 2.43, intra-service time of 30 minutes, total time of 45 minutes) and noted that the survey code involves more intra-service time and total time. The RUC also compared the survey code to CPT code 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU= 2.40, intra-service time of 30 minutes, total time of 50 minutes) and noted that the survey code involves more intra-service and total time. **The RUC recommends a work RVU of 2.43 for CPT code 10009.**

10010 ***Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 91 physicians and agreed with the societies on the following physician time components: 25 minutes of intra-service time. The RUC reviewed the billed together data for deleted code 10022 *Fine needle aspiration; with imaging guidance* and confirmed that it was not typically reported with an E/M service. Deleted code 10022 was bundled into new CPT codes 10005-10012.

The RUC reviewed the survey 25th percentile work RVU of 1.65 and agreed that this value appropriately accounts for the physician work involved. The RUC noted that this is a much lower valuation than current reporting. To justify a work RVU of 1.65, the RUC compared the survey code to the 2nd key reference code 19082 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)* (work RVU= 1.65, intra-service time of 25 minutes) and noted that both services have identical intra-service time. Although the reference code has somewhat more total time, 67 percent of the

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survey respondents that selected 19082 as their key reference code indicated the survey code was a more intense and complex service to perform, supporting a slightly higher IWPUT for the survey code. **The RUC recommends a work RVU of 1.65 for CPT code 10010.**

10011 ***Fine needle aspiration biopsy, including MR guidance; first lesion***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10011.**

10012 ***Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 13 physicians and noted that the number of survey responses collected did not reach the minimum threshold. The specialties noted that this service is projected to have very low utilization and based on AMA staff recommendation, have kept their survey open to collect more responses. For the January meeting, the ACR requested Research Subcommittee approval to perform a targeted survey for MR-guided FNA, CPT codes 10011-10012. ACR has reached out to the Society of Abdominal Radiology (SAR) as a potential sample pool and is hoping to coordinate with them. The Research Subcommittee approved for the specialty to use a random sample of SAR membership along with a random sample of ACR membership. **The RUC recommends an interim designation to contractor price CPT code 10012.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 76942, 77002 and 77012. The relativity within the family remains correct.

77021 ***Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation***
For CPT code 77021, the RUC recommends for the specialty to survey this code, as the RUC had last reviewed this service in the year 2000. It was noted that Urology is one of the top providers for 77021 and should be involved in the valuation of this service.

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Potential Miscoding for CPT code 77021

It was noted that there may be some miscoding for MR Guidance code 77021, where this code is inappropriately being reported for a service that involves using software to fuse pre-existing MR images with real-time ultrasound images of the prostate during a prostate biopsy. 42.3 percent of the global reporting for mr guidance code 77021 is with ultrasound guidance code 76942 per 2015 billed together data.

Practice Expense

The Practice Expense Subcommittee reviewed the proposed compelling evidence arguments and accepted them as follows:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**	**10011**	**10012**
• Evidence that patient population has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**	**No**	**No**

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Summary of revisions made by the Practice Expense Subcommittee relative to the original proposal from the specialties:

- Added additional time to the clinical staff time to reflect the typical amount of time for preparing supplies
- Verified the top specialty for each service in the office setting, including, in the office setting, that ENT was top provider for 10021, endocrinology for 10022 and rehab medicine for 77002 and urology for 76942 and 77021.
- Extensively deleted supplies that were duplicative of the biopsy tray, excessive personal protection gear, eliminated microscope slides that were already included in the pathology codes for reviewing the biopsy specimens
- Deleted additional ultrasound needles that were not typical
- Eliminated the PACS from the appropriate specialties where a PACS system was not present in the physician's office.
- Increase from 2 to 3 is now typical for the number of needle passes also changes the supplies for several of the codes

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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Surgery
General
Fine Needle Aspiration (FNA) Biopsy
A **fine needle aspiration** (FNA) **biopsy** is performed when material is aspirated with a fine needle and the cells are examined cytologically.
A **core needle biopsy** is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. FNA biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (eg, 76942, 77002, 77012, 77021) may not be reported separately with 10021, 10004-10012. Codes 10021, 10004-10012 are reported once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures. When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different lesions~~a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core needle biopsy ~~are~~is performed on ~~different~~ a separate lesions, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59.

~~(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)~~

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲10021	G1	Fine needle aspiration biopsy,~~:~~ without imaging guidance; first lesion	XXX	1.20

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~D~~ ~~10022~~	-	~~with imaging guidance~~ (10022 has been deleted. To report, see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)	XXX	N/A (2017 Work RVU = 1.27)
●✚10004	G2	each additional lesion (List separately in addition to code for primary procedure) (Use 10004 in conjunction with 10021) (Do not report 10021, 10004 in conjunction with 10005-10012 for the same lesion) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	0.80
●10005	G3	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	1.63
●✚10006	G4	each additional lesion (List separately in addition to code for primary procedure) (Use 10006 in conjunction with 10005) (Do not report 10005, 10006 in conjunction with 76942) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.00
●10007	G5	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	1.81

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●✚10008	G6	each additional lesion (List separately in addition to code for primary procedure) (Use 10008 in conjunction with 10007) (Do not report 10007, 10008 in conjunction with 77002) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.18
●10009	G7	Fine needle aspiration biopsy, including CT guidance; first lesion	XXX	2.43
●✚10010	G8	each additional lesion (List separately in addition to code for primary procedure) (Use 10010 in conjunction with 10009) (Do not report 10009, 10010 in conjunction with 77012) (For evaluation of fine needle aspirate, see 88172, 88173, 88177)	ZZZ	1.65
●10011	G9	Fine needle aspiration biopsy, including MR guidance; first lesion	XXX	Interim Recommendation of Contractor Price Continue survey for January 2018
●✚10012	G10	each additional lesion (List separately in addition to code for primary procedure) (Use 10012 in conjunction with 10011) (Do not report 10011, 10012 in conjunction with 77021) (For evaluation of fine needle aspirate, see 88172, 88173,	ZZZ	Interim Recommendation of Contractor Price Continue survey for January 2018

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		88177) ~~(For placement of percutaneous localization device[s] [eg, clip, metallic pellet, during breast biopsy], see 19081-19086)~~ ~~(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)~~ *(For percutaneous needle biopsy other than fine needle aspiration biopsy, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas, 49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord)* (For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030) ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~		

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Integumentary System
Breast
Excision

19100 *Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Musculoskeletal System
General
Excision

20206 *Biopsy, muscle, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Respiratory System
Lungs and Pleura
Excision/Resection

32400 *Biopsy, pleura, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

32405 *Biopsy, lung or mediastinum, percutaneous needle*

(For open biopsy of lung, see 32096, 32097. For open biopsy of mediastinum, see 39000 or 39010. For thoracoscopic [VATS] biopsy of lung, pleura, pericardium, or mediastinal space structure, see 32604, 32606, 32607, 32608, 32609)

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Hemic and Lymphatic Systems
Lymph Nodes and Lymphatic Channels
Excision

38500 *Biopsy or excision of lymph node(s); open, superficial*

38505 *by needle, superficial (eg, cervical, inguinal, axillary)*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

. . .

38530 *open, internal mammary node(s)*

(For percutaneous needle biopsy, retroperitoneal lymph node or mass, use 49180.)

(For fine needle aspiration biopsy, retroperitoneal lymph node or mass, see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~use 10022~~)

Salivary Gland and Ducts
Excision

42400 *Biopsy of salivary gland; needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Liver
Incision

47000 *Biopsy of liver, needle; percutaneous*

✚*47001* *when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)*

(If imaging guidance is performed, see 76942, 77002)

(For fine needle aspiration biopsy in conjunction with 47000, 47001, see ~~10021, 10022~~ 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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Pancreas
Excision

48102 *Biopsy of pancreas, percutaneous needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Abdomen, Peritoneum, and Omentum
Excision, Destruction

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Urinary System
Kidney
Excision

50200 *Renal biopsy; percutaneous, by trocar or needle*

(For radiological supervision and interpretation, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10022~~ see, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Male Genital System
Testis
Excision

54500 *Biopsy of testis, needle (separate procedure)*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

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Epididymis
Excision

54800 *Biopsy of epididymis, needle*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Prostate
Incision

55700 *Biopsy, prostate; needle or punch, single or multiple, any approach*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Excision

60100 *Biopsy thyroid, percutaneous core needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Endocrine System
Thyroid Gland
Removal

60300 *Aspiration and/or injection, thyroid cyst*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

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62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*

(For imaging, use 77003)

(Do not report 62267 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012~~10022~~, 20225, 62287, 62290, 62291)

62269 *Biopsy of spinal cord, percutaneous needle*

(For imaging, use 77003)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

▲76942	G11	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 10021, 10004, 10005, 10006, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 64479-64484, 64490-64495, 76975, 0213T-0218T, 0228T-0231T, 0232T, 0249T, 0301T)	XXX	0.67 (Affirm April 2014 RUC recommendation) (2017 Work RVU = 0.67)

Radiologic Guidance
Fluoroscopic Guidance

(Do not report guidance codes 77001, 77002, 77003 for services in which fluoroscopic guidance is included in the descriptor)

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▲77002	G12	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with ~~10022,~~10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605)	ZZZ	0.54 (Affirmed October 2015 RUC recommendation)
Computed Tomography Guidance				
▲77012	G13	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation *(Do not report 77011, 77012 in conjunction with 22586, 0195T, 0196T, 0309T)* (Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 64479-64484, 64490-64495, 64633-64636, 0232T)	XXX	1.50 (Affirmed April 2017 RUC recommendation)

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Magnetic Resonance Guidance				
▲77021	G14	Magnetic resonance guidance for needle placement (eg, for biopsy, ~~needle~~ aspiration, injection, or placement of localization device) radiological supervision and interpretation *(For procedure, see appropriate organ or site)* (Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32554, 32555, 32556, 32557, 0232T)	XXX	Survey for January 2018

Cytopathology

88164 *Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision*

88167 *with manual screening and computer-assisted rescreening using cell selection and review under physician supervision*

(~~To report~~ For collection of specimen via fine needle aspiration biopsy, see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 ~~10021, 10022~~)

88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site*

88173 *interpretation and report*

(Report one unit of 88173 for the interpretation and report from each anatomic site, regardless of the number of passes or evaluation episodes performed during the aspiration procedure)

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

Surgical Pathology

88309 *Level VI - Surgical pathology, gross and microscopic examination*

(For fine needle aspiration biopsy, ~~use 10021 or 10022~~ see 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010,10011, 10012)

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July 11, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR Request to Reaffirm Code Value Recommendations for FNA Guidance codes

Dear Dr. Smith,

As depicted on the New and Revised Status Summary LOI for the October 2017 RUC meeting, the ACR along with several other specialty societies have indicated interest in surveying some or all codes from the Fine Needle Aspiration (FNA) code family. Along with the new FNA biopsy codes (10021, 10X11-10X19), there are other guidance codes that were included on the LOI, but are not part of this family.

We recognize that these needle guidance codes (77002, 77012, 76942, and 77021) are components of the bundled, imaging guidance for the FNA codes. However, we do not consider them within the same family as the FNA biopsy codes. Two of these codes would have been included on the RSL, but they were either recently surveyed (77012 *(CT guidance for needle placement)* at the April 2017 RUC meeting) or are currently on the RAW list pending an Action Plan (76942 *(US guidance for needle placement)*, which has a declining utilization and was surveyed in April 2014). Additionally, 77002 *(Fluoroscopic guidance for needle placement)* was recently surveyed in April 2015.

CPT code 77021*(MR guidance for needle placement)* also has a decreasing utilization and is a very low volume code. We do not believe this code is misvalued and considering current trends, we believe it is most likely being undervalued, especially given the recent valuation recommended for 77012.

With respect to utilization of 77021 with FNA guidance, the participating specialties expect this to be a very low volume service overall. We did not want to unintentionally orphan the MRI modality with respect to imaging guidance for FNA procedures and chose to mirror this family based on the breast biopsy codes. This is with the understanding that this bundled code will be used infrequently.

Therefore the ACR would like to request removal of these codes from the LOI and that the RUC reaffirm the previous or pending value recommendations for these guidance codes.

HEADQUARTERS
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202-223-1670

CLINICAL RESEARCH
1818 Market St., Suite 1600
Philadelphia, PA 19103-3609
215-574-3150

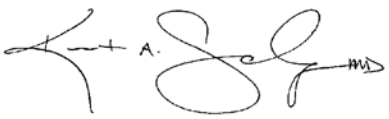
Fine Needle Guidance Codes:

CPT Code	Descriptor	RUC Review Year
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	October 2015
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	April 2017
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	April 2014
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	April 2000

Please contact ACR staff person Christy Buranaamorn at (703) 648-8900, ext. 5653 if you have any questions.

Thank you for your consideration of this request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Gregory Nicola, MD
ASNR RUC Advisor



Michael Hall, MD
SIR RUC Advisor

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September 5, 2017

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR and SIR to Keep Modified FNA Survey Open To Collect Responses

Dear Dr. Smith,

Several specialties, including the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) surveyed the Fine Needle Aspiration (FNA) codes for the October 2017 RUC Meeting. There are ten new or revised codes in the family (10021, 10X11-10X19). Most of the specialties only surveyed the first four codes; however, the ACR and SIR surveyed the eight codes that include imaging guidance, 10X12-10X19 (ultrasound, fluoroscopic, CT, or MR).

After several weeks of survey, expanded survey samples, and multiple reminders, the ACR and the SIR continued to struggle to obtain surveys for 10X18 and 10X19 (FNA with MR guidance). In mid-August, when we only had about 10 surveys combined for those codes and were not optimistic that we would obtain the required minimum of 30 surveys in time for the September 2017 RUC submission deadline, we reached out to the AMA for guidance.

The AMA staff advised the ACR and SIR to modify our survey instruments to only collect for those codes that were in need of responses and to keep our surveys open until we had obtained 30 surveys. We were informed that we needed to present recommendations for the FNA family at the October 2017 meeting. Codes that did not meet the minimum 30 surveys would be assigned interim values, and the codes would have to be presented again at the January meeting for valuation.

At this time, the ACR and SIR's surveys are still open and collecting data for the MR-guided FNA codes, 10X18 and 10X19. Please contact ACR staff person Stephanie Le at (703) 648-8900, ext. 4584 if you have any questions.

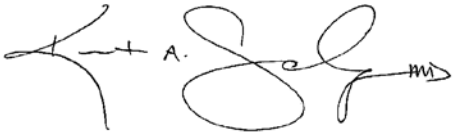
Thank you for your consideration of this request.

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Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Michael Hall, MD
SIR RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10021 Tracking Number G1 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX Current Work RVU: **1.27** RUC Recommended RVU: **1.20**

CPT Descriptor: Fine needle aspiration, without imaging guidance; first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region. A FNA biopsy of the lesion is performed without imaging guidance.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained. Current medications and allergies are again reviewed with the patient. Slides are prepared and labeled with all patient and specimen information. Pathology requisition forms are filled out and confirmed with respective patient, provider, and referring physician information. The mayo stand is prepared and draped. Medications are drawn, labeled, and reviewed. The physician and assistant put on appropriate barrier protection and sterile gloves. Topical anesthesia is applied. The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. The site is draped. A timeout is then performed. Local anesthesia is injected. Time is then allotted for anesthetic onset and patient is monitored for evidence of local or systemic reactions to medications given.

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes.

Description of Post-Service Work: A report of the procedure is documented for the medical record. The slides and cell block solution are checked to insure proper sealing and transportabililty to pathology (either locally or via mail). The appropriate clinical history documents, labeling, and requisition forms are packaged in the sealed, transportable packaging and sent to the appropriate pathology agency. The patient is monitored for any evidence of hematoma, bleeding, drug reaction, or other complication(s).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE		
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES		
CPT Code:	10021		
Sample Size:	9736	**Resp N:** 158	**Response:** 1.6 %
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random survey of all members who specialized in thyroid, and the Pathology specialties utilized a random survey of all members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	48.00	450.00
Survey RVW:	0.25	1.20	**1.50**	2.00	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10021	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32554	XXX	1.82	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99283	XXX	1.34	**RUC Time**	3,480,113

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74170	XXX	1.50	**RUC Time**	107,597

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 7.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 10021	**Top Key Reference CPT Code:** 32554	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	10.00	21.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	8.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**56.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	56%	21%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	45%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	16%	61%	20%
Physical effort required	25%	68%	5%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	48%	7%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	58%	42%
Physical effort required	33%	58%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	33%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
Pre-Service Time
This is an XXX code and therefore, does not require a preservice package. Our expert panel felt the survey's median pre-service time of 10 minutes for evaluation was appropriate to allow time to explain the procedure to the patient, including potential complications, obtain informed consent, position and prep the patient, clean the biopsy site with disinfectant, and inject local anesthesia. **Therefore, we recommend a total pretime of 10 minutes.**

Intra-Service Time
We are recommending our median survey time of 15 minutes for intra service work.

Post-Service Time
Again, this is an XXX code and does not require a post-operative package. **We are recommending the median time from the survey of 8 minutes for post service work.** This includes time to develop a report of the procedure to document in the medical record.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 1.20 RVUs with a total time of 33 minutes**

Key Reference Services:
Our recommended work RVU and service period times fall are supported by the two most commonly chosen key reference services (KRS):

- 32554 *(Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance),* chosen by 27% of respondents, and
- 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.),* chosen by 8% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10021, has less intra-service time than both KRS codes, more pre-time than the E/M but less than the thoracentesis, less post-time than both procedures, and less total time than both procedures. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10021 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components	1.50	40	5	25	10	0.047	XXX
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1.82	56	21	20	15	0.054	XXX

MPC Codes:

The surveyed code (10021) is supported by two MPC codes with XXX global periods:

- 99283 *(Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity*.), which has slight more intra-service time and slightly shorter total time, and
- 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*), which has a higher wRVU, slightly longer intra-service time, and less total time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	1.34	30	5	18	7	0.059	XXX
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	28	5	18	5	0.065	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	**Fine needle aspiration biopsy, without imaging guidance; first lesion**	**1.20**	**33**	**10**	**15**	**8**	**0.053**	**XXX**
10X11	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	0.80	14		14		0.057	ZZZ
10X12	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10X13	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	1.00	15		15		0.067	ZZZ
10X14	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10X15	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	1.18	20		20		0.059	ZZZ
10X16	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10X17	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10X18	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10X19	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) 10021 is reported with an E/M service 58% of the time.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty AAOHNS How often? Commonly

Specialty Pathology (CAP, ASC) How often? Commonly

Specialty Endocrinology (ES, AACE) How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 74274
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume represents the annual Medicare volume multiplied by three to account for non-medicare patients who receive the service.

Specialty Otolaryngology Frequency 33423 Percentage 44.99 %

Specialty Pathology Frequency 14285 Percentage 19.23 %

Specialty Endocrine Frequency 2970 Percentage 3.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,758 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This volume is based on the Medicare database volume for CY 2016.

Specialty Otolaryngology Frequency 11141 Percentage 44.99 %

Specialty Pathology Frequency 4952 Percentage 20.00 %

Specialty Endocrinology Frequency 990 Percentage 3.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 10021

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10004 Tracking Number G2 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **0.80**

CPT Descriptor: Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a palpable lesion in the submandibular region and second palpable lesion in the contralateral lower neck. After a FNA biopsy of the first lesion is performed (reported separately), a FNA biopsy without imaging guidance is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 64%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: A needle with attached syringe is inserted into the lesion. An FNA biopsy without imaging guidance of the lesion is performed by making multiple passes with the same needle under suction with the syringe. The needle is withdrawn and material expressed onto slides The slides are smeared and inspected for adequacy, and slide fixative is applied. The appropriate solution is aspirated into the syringe and needle and expressed in cell block fixative solution for purposes of cell block preparation. The previous process is repeated in the same lesion (typically repeated two additional times). Between each aspiration, compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). A dressing is applied and compression is then held for several minutes. A report of the procedure is documented for the medical record.The patient is monitored for any evidence of hematoma.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Peter Manes, MD; Allan Glass, MD; Swati Mehrotra, MD; Jonathan Myles, MD, Roger McLendon, MD;Felice A Caldarella, MD, FACP, CDE, FACE		
Specialty(s):	AAOHNS, AACE, ASC, CAP, ES		
CPT Code:	10004		
Sample Size:	9736	**Resp N:** 125	**Response:** 1.2 %
Description of Sample:	AAOHNS used a targeted random sample of members identifying as general otolaryngologists and head and neck sub-specialty designations. The Endocrine societies utilized a targeted random sample of members who specialized in thyroid, and the Pathology societies utilized random surveys of all of their members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	200.00
Survey RVW:	0.20	0.80	**1.15**	1.50	10.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	9.00	**14.00**	20.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10004	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**14.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88331	ZZZ	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	480,712

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 16.8 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 9.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 10004	Top Key Reference CPT Code: 88331	2nd Key Reference CPT Code: **10036**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	14.00	25.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**14.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	33%	38%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	33%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	38%	57%

Physical effort required	19%	48%	33%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	38%	48%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	33%	42%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	42%	42%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	58%	42%
Physical effort required	17%	33%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: Following publication of the 2014 Final Rule, the RUC solicited feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting. In the 2016 Final Rule, CMS noted their concerns about

implementing PE inputs without the corresponding work being reviewed. The RAW analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remained, including codes 10021 and 10022.

The specialty societies provided two reasons why these codes need to be referred to the CPT Editorial Panel prior to conducting a RUC survey. First, both codes need clarifying language stating that they should be reported per lesion rather than for every pass on the same lesion. Second, CPT code 10022 is reported with 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 75% of the time together and a bundled code solution was necessary. This family of codes was reviewed during the June 2017 CPT meeting where the CPT Editorial Panel approved the addition of 8 codes to report fine needle aspiration biopsy, with and without various methods of image guidance. They are now being presented for valuation by the RUC.

Survey Sample:
The survey data and recommendations are based upon a Random Sample of Applicable Subsets (general oto and head and neck surgeons) of American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), The Endocrine societies utilized targeted random surveys of their members who specialize in thyroid and the Pathology societies utilized a random survey of all members. The total sample size was 9736 physicians.

Physician Time:
This is a ZZZ add-on code and therefore, does not have any pre or post procedure time.

Intra-Service Time
We are recommending our median survey time of 14 minutes for intra service work.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the survey 25th percentile of 0.80 RVUs with a total time of 14 minutes.** We believe this recommendation is consistent with the requested value of the base code 10021, as the intra time is almost identical, and when the value of the pre and post minutes of 18 total minutes are backed out of 10021, the remaining value for that service is exactly .80 work RVUs which matches our survey's 25th percentile identically. We feel this demonstrates how strong our survey is, and reflects overall consistency in valuation from our survey respondents.

Key Reference Services:
The two most commonly chosen key reference services (KRS) are below:

- 88331 (*Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen*), chosen by 17% of respondents, and
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)),* chosen by 10% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate ZZZ global procedure codes to compare with this newly bundled service.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10004, has identical intra-service time of the second most selected KRS and much less than the first. These differences are appropriately reflected in the recommended wRVU. Accordingly, 10004 has a lower recommended wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10004	**Fine needle aspiration; without imaging guidance each additional lesion (List separately in addition to code for primary procedure)**	0.80	14		14		0.057	**ZZZ**
10036	Placement of soft tissue localization	0.85	14		14		0.061	ZZZ

	device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)							
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	1.19	25		25		0.048	XXX

MPC Codes:
The surveyed code (10004) is bracketed by two MPC codes with ZZZ global periods:

- 51797 *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)*), which has identical wRVU and almost identical intra-service time, and
- 64484 (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)*), which has a higher wRVU, but slightly less intra-service time.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
51797	*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure*	0.80	15		15		0.053	ZZZ
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
64484	*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure*	1.00	10		10		0.100	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	1.20	33	10	15	8	0.053	XXX
10004	**Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**	**0.80**	**14**		**14**		**0.057**	**ZZZ**
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.63	39	10	20	9	0.060	XXX
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	1.00	15		15		0.067	ZZZ
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	1.81	47	10	27	10	0.050	XXX
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional	1.18	20		20		0.059	ZZZ

	lesion							
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.43	62	15	35	12	0.052	XXX
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion	1.65	25		25		0.066	ZZZ
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2.77	60	10	40	10	0.058	XXX
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion	2.14	30		30		0.071	ZZZ

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Recommended 10021 - XXX - 1.20 RVUs, 10 pre, 15 intra, 8 post, total time 33 minutes. Add on code X11 - ZZZ - .80 RVUs, 14 intra, 14 total minutes. When billed together the base code would be reimbursed in full and the MPPR will apply to the add on code, reducing it down to .40 RVUs, for a total of 1.60 RVUs when billed together.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10021

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Commonly

Specialty Pathology How often? Commonly

Specialty Endocrinology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and 10004 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see our recommendations for 10021 volume, we anticipate that 100% of existing volume of 10021 will be captured by 10021 and X11 jointly, but the percentage breakdown between how often only one lesion is done versus one or more is unknown at this time.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage 0.00	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 10021

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10005 Tracking Number G3 Original Specialty Recommended RVU: **1.63**
Presented Recommended RVU: **1.63**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.63**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59 year old female presents with a non-palpable thyroid nodule previously identified with diagnostic ultrasound. The patient undergoes an ultrasound-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.
The patient is positioned and prepped. The biopsy site is cleaned with disinfectant. Local anesthesia is injected.
Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for the pathology workup. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples are obtained as needed.
Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD		
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society		
CPT Code:	10005		
Sample Size:	8718	**Resp N:** 203	**Response:** 2.3 %
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468; ES - random sample of 1000.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**70.00**	150.00	4500.00
Survey RVW:	0.25	1.63	**2.25**	2.50	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	15.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**9.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10005	**Recommended Physician Work RVU: 1.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**9.00**	**0.00**	**9.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	11,464,762

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	261,035

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 91 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 9.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 10005	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **76536**
Median Pre-Service Time	10.00	22.00	4.00
Median Intra-Service Time	20.00	20.00	10.00
Median Immediate Post-service Time	9.00	15.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**57.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	1%	4%	37%	45%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	44%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	35%	62%
Physical effort required	7%	54%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	40%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	26%	37%	26%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	53%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	32%	68%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	26%	63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10005 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation)*.

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.63, which is the 25th percentile survey value and a decrease from the current combined code values of 1.94 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 20 minutes intra-service, and 9 minutes post-service, for a total time of 39 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation),* chosen by 9% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

Even with the wide time and RVU ranges spanned by these comparisons, the relativity of the values is appropriately reflected. The surveyed code, 10X12, has twice the intra-service time of 76536, more pre- and post-time, and is an invasive procedure as opposed to a diagnostic imaging study. These differences are appropriately reflected in the recommended wRVU. While 10X12 has the same intra-service time as 32555, it has much less pre- and post-service time, as well as being a relatively safer invasive procedure. Accordingly, 10X12 has a lower recommended wRVU.

MPC Codes:

The surveyed code (10X12) is bracketed by two non-radiology MPC codes with XXX global periods:

- 99203 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.)*, which has identical intra-service time and slightly shorter total time, and
- 93351 *(Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional)*, which has a higher wRVU, identical intra-service time, and slightly less total time.

The surveyed code (10X12) has 10 more minutes of pre- and post-service time than 99203, which itself accounts for the wRVU difference of 0.21 wRVU's. As well, 10X12 has the same intra-service time as 93351, as well as more pre-service time, but a lower wRVU recommendation. We believe 10X12 is appropriately positioned in the RBRVS at the recommended value given these comparisons.

The surveyed code and the two MPC codes are listed in the table below for comparison.

Family of FNA Codes:

Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10006, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:

The survey results and comparisons with applicable codes support the recommended values for 10X12.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Pathology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 413148
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10005 provided nationally in a one-year period is estimated to be 413,148.

Specialty Endocrinology Frequency 144602 Percentage 35.00 %

Specialty Radiology Frequency 123944 Percentage 29.99 %

Specialty Pathology Frequency 20657 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 137,716 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10005 is billed approximately 137,716 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology Frequency 48200 Percentage 34.99 %

Specialty Radiology	Frequency 41315	Percentage 30.00 %
Specialty Pathology	Frequency 6886	Percentage 5.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19083

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10006 Tracking Number G4 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.00**

CPT Descriptor: Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-year-old male presents with non-palpable nodules in both the left and right lobes of the thyroid previously identified by diagnostic ultrasound. After a FNA biopsy of the first lesion is performed (reported separately) using ultrasound guidance, an ultrasound-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

A preliminary ultrasound is performed to identify the appropriate approach for the initial needle placement. Ultrasound is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, and to avoid vascular structures and non-target organs. Site is marked.

The patient is repositioned and reprepped. The biopsy site is cleansed with disinfectant. Local anesthesia is injected.

Using concurrent real-time ultrasound visualization, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent ultrasound visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically a total of 3 or 4 samples are acquired). Sample evaluated by cytopathologist to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X12). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X12). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD; Swati Mehrotra, MD; Jonathan Myles, MD; Roger McLendon, MD; Felice A. Caldarella, MD FACP, CDE, FACE; Allan Glass, MD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology; American Society of Cytopathology; College of American Pathologists; American Association of Clinical Endocrinologists; The Endocrine Society				
CPT Code:	10006				
Sample Size:	8718	**Resp N:**	200	**Response:** 2.2 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000, ASC - random sample of 1000, CAP - random sample of 2500 and AACE - random sample of 468, ES - random sample of 1000.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	59.00	4500.00
Survey RVW:	0.25	1.00	**1.50**	2.00	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**15.00**	24.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10006	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
10036	ZZZ	0.85	**RUC Time**

CPT Descriptor Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	131,261

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 10006	Top Key Reference CPT Code: 19084	2nd Key Reference CPT Code: **10036**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	15.00	20.00	14.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**25.00**	**14.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	52%	35%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	63%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	61%	35%
Physical effort required	9%	72%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	59%	24%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	60%	27%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	63%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	57%	40%
Physical effort required	7%	60%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	50%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Ultrasound Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with ultrasound guidance were created by CPT.

- 10004 *(Fine needle aspiration biopsy, including ultrasound guidance; first lesion)* is an XXX global code, and
- 10006 *(Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 76942 *(Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation)*.

Survey Process:
The American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Society of Cytopathology (ASC), College of American Pathologists (CAP), American Association of Clinical Endocrinologists (AACE), and The Endocrine Society (ES) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. These societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation:
We recommend a work RVU of 1.00, which is the 25th percentile survey value and a decrease from the current code value of 1.31 wRVU.

Time Recommendation:
We recommend the median survey time of 15 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 19084 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure))*, chosen by 23% of respondents,
- 10036 *(Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)),* chosen by 15% of respondents, and
- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,*

including stereotactic guidance (List separately in addition to code for primary procedure)), chosen by 15% of respondents.

The recommended time and work RVU for 10006 are best compared with 19084, an ultrasound guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both an image guided biopsy then image guided localization device placement, 19084 is appropriately valued higher than 10006 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion	0.85	14		14		0.061	ZZZ
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	**1.00**	**15**		**15**		**0.067**	**ZZZ**
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	1.55	25	5	20		0.075	ZZZ
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ

MPC Codes:

The surveyed code (10006) is bracketed by two other MPC codes with ZZZ global periods:

- 51797 *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure))* and
- 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure))*.

Both MPC codes have 15 minutes of intra-service time as does the surveyed code, 10006. 51797 has a lower wRVU than the recommendation for the surveyed code; however, while it is an invasive procedure, there is no removal of tissue and so correspondingly less risk and complexity. Similarly, 64480 is also an invasive procedure, but is more technically demanding than the typical 10006 and so has an appropriately higher wRVU.

Family of FNA Codes:

Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below. We would like to directly quantify the relationship between the two Ultrasound guided codes, 10005 and 10006. When the pre- and post-time is removed from the add-on code, 10005, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.20 wRVU compared to the recommended wRVU and 25th percentile survey value of 1.00. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10X13.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X12.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 76942

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Endocrinology How often? Commonly

Specialty Radiology How often? Commonly

Specialty Pathology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 45906
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X13 provided nationally in a one-year period is estimated to be 45,906.

Specialty Endocrinology Frequency 16067 Percentage 34.99 %

Specialty Radiology Frequency 13772 Percentage 30.00 %

Specialty Pathology Frequency 2295 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,302 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X13 is billed approximately 15,302 times in total for Medicare patients nationally in a one-year period

Specialty Endocrinology Frequency 5356 Percentage 35.00 %

Specialty Radiology Frequency 4590 Percentage 29.99 %

Specialty Pathology Frequency 765 Percentage 4.99 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19084

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10007 Tracking Number G5 Original Specialty Recommended RVU: **1.81**
Presented Recommended RVU: **1.81**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **1.81**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female presents with a lung lesion visible on chest radiographs. The patient undergoes a fluoroscopic-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution for further pathology workup. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10007				
Sample Size:	3750	**Resp N:**	31	**Response:** 0.8 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	23.00	100.00
Survey RVW:	1.70	2.23	**2.50**	3.05	4.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	20.00	**27.00**	35.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10007	**Recommended Physician Work RVU: 1.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99318	XXX	1.71	**RUC Time**	116,304

CPT Descriptor 1 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99221	XXX	1.92	**RUC Time**	1,879,723

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 45.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 10007	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **99205**
Median Pre-Service Time	10.00	22.00	7.00
Median Intra-Service Time	27.00	20.00	45.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**47.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	29%	36%	36%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	21%	64%

- Urgency of medical decision making

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	29%	64%
Physical effort required	0%	36%	64%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	25%	25%	38%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	25%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	25%	75%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure))*.

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

10007

Work RVU Recommendations:
We recommend a work RVU of 1.81, which is the current value, and far below the 25th percentile survey value of 2.23 wRVU.

Time Recommendation:
We recommend the median survey times of 10 minutes pre-service, 27 minutes intra-service, and 10 minutes post-service, for a total time of 47 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 45% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high*

severity. Typically, 60 minutes are spent face-to-face with the patient and/or family), chosen by 26% of respondents.

The difference between the chosen key reference services and the surveyed code reflect the multiple specialties participating in the survey and the limitations of the reference service list. Specifically, there are few appropriate XXX global procedure codes to compare with this newly bundled service. Additionally, since the imaging guidance was bundled into these new codes, it was unavailable as a comparison for the survey respondents.

The survey respondents' selection of 32555 as the most appropriate KRS is also reflected in the 25th percentile and median wRVU values from the survey, which were 2.23 and 2.50, respectively. In the absence of compelling evidence, we feel that recommending the current value is the most appropriate action. Though this value is lower than the survey responses indicated, it maintains relativity with the other FNA biopsy family codes and MPC codes as detailed below.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.059	XXX

MPC Codes:

The surveyed code (10007) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99318 *(Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.),* and
- 99221 *(Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are*

provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.).

Both of the MPC codes are evaluation and management codes. 99221 has a higher intra-service period time of 30 minutes compared with 27 minutes for the surveyed code, 10007. 99318 has the same intra-service period and total times as the surveyed code. Given that 10007 is an invasive procedure, we feel it is appropriately valued slightly higher than 99318 and slightly lower than 99221 given the longer intra-service time for 99221.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or	1.71	47	10	27	10	0.047	XXX

	family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.							
10007	**Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**	**1.81**	**47**	**10**	**27**	**10**	**0.050**	**XXX**
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	1.92	50	10	30	10	0.049	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10007 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10007.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X14 provided nationally in a one-year period is estimated to be 10,329.

Specialty Diagnostic Radiology Frequency 5164 Percentage 49.99 %

Specialty Interventional Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X14 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 1721 Percentage 49.98 %

Specialty Interventional radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10008 Tracking Number G6 Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.18**

CPT Descriptor: Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old male is found to have two lung lesions on chest radiographs.
After a fluoroscopic-guided FNA biopsy of the first lesion is performed (reported separately), a fluoroscopic-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the fluoroscopy table. Targeted fluoroscopy, including angulation of the image intensifier, is performed in order to identify the appropriate level and approach for the initial needle placement. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with fluoroscopic guidance. During needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional fluoroscopy is used to guide repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using fluoroscopic guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent fluoroscopic visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X14). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X14). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology				
CPT Code:	10X15				
Sample Size:	3750	**Resp N:**	31	**Response:** 0.8 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**2.00**	15.00	200.00
Survey RVW:	1.00	1.50	**1.80**	2.14	4.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**20.00**	25.00	36.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10X15	**Recommended Physician Work RVU: 1.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19084	ZZZ	1.55	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.20	**RUC Time**	19,726

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 19.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X15	Top Key Reference CPT Code: 19082	2nd Key Reference CPT Code: **19084**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	20.00	25.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**30.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	50%	17%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%

Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	17%	83%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	17%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was

identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

Fluoroscopy Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with fluoroscopic guidance were created by CPT.

- 10007 *(Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion)* is an XXX global code, and
- 10008 *(Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77002 *(Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure))*.

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.18, which is the current value, and far below the 25th percentile survey value of 1.50 wRVU.

Time Recommendation:
We recommend the median survey time of 20 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the three most commonly chosen key reference services (KRS):

- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)),* chosen by 19% of respondents,
- 19084 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)),* chosen by 19% of respondents, and
- 19086 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure))*, chosen by 16% of respondents.

The recommended time and work RVUs for 10008 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device. Given the longer time and increased work of doing both

an image guided biopsy and then image guided localization device placement, 19082 is appropriately valued higher than 10008 with a slightly higher intensity.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	1.55	25	5	20		0.075	ZZZ
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	1.82	43	5	38		0.046	ZZZ

MPC Codes:
The surveyed code (10008) compares well with two other MPC codes with ZZZ global periods:

- 52442 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure))*; and
- 64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level) (List separately in addition to code for primary procedure))*.

The surveyed code, 10008, has a recommended value below both MPC codes, which are valued at 1.20 wRVU. 64480 has a higher wRVU than the recommendation for the surveyed code, but a lower intra-service time of only 15 minutes compared to 20 minutes for 10008. This is appropriate given the higher complexity, technical difficulty, and more intense work of performing 64480 compared to the typical 10008.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10008	**Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion**	**1.18**	**20**		**20**		**0.059**	**ZZZ**

64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level	1.20	15		15		0.080	ZZZ
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	1.20	25		25		0.048	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two Fluoroscopic guided codes, 10X14 and 10008. When the pre- and post-time is removed from the add-on code, 10008, at the 0.0224 RVU/minute rate, the expected value of this code would be 1.36 wRVU compared to the recommended wRVU and current value of 1.18. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10008.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X14.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77002

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1149
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X15 provided nationally in a one-year period is estimated to be 1,149.

Specialty Diagnostic Radiology Frequency 575 Percentage 50.04 %

Specialty Interventional Radiology Frequency 345 Percentage 30.02 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 383
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10X15 is billed approximately 383 times in total for Medicare patients nationally in a one-year period

Specialty Diagnostic Radiology Frequency 192 Percentage 50.13 %

Specialty Interventional Radiology Frequency 115 Percentage 30.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19082

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10009 Tracking Number G7 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **2.43**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male presents with a lesion in the left lung on prior chest CT. The patient undergoes a CT-guided FNA biopsy of the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The procedure and its purpose are explained to the patient, including potential complications. Informed consent is obtained.

Description of Intra-Service Work: Targeted CT is performed to identify the appropriate approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

Description of Post-Service Work: A report of the procedure is dictated for the medical record. An addendum to the report is dictated when the final pathology results are received. The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD				
Specialty(s):	American College of Radiology; Society of Interventional Radiology;				
CPT Code:	10X16				
Sample Size:	3750	**Resp N:**	91	**Response:** 2.4 %	
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**40.00**	80.00	300.00
Survey RVW:	1.20	2.43	**2.85**	3.23	8.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**35.00**	45.00	90.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	10X16	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**12.00**	**0.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32555	000	2.27	**RUC Time**

CPT Descriptor Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.17	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	10,162,554

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	308,090

CPT Descriptor 2 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 36.2 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 27.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10X16	**Top Key Reference CPT Code:** 32555	**2nd Key Reference CPT Code:** **99205**
Median Pre-Service Time	15.00	22.00	7.00
Median Intra-Service Time	35.00	20.00	45.00
Median Immediate Post-service Time	12.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**62.00**	**57.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	6%	42%	48%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	18%	79%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	6%	91%
Physical effort required	3%	21%	76%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	15%	82%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	16%	36%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	36%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	12%	88%
Physical effort required	4%	36%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation)*.

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

10009

Work RVU Recommendations:
We recommend a work RVU of 2.43, which is the current value, and equal to the 25th percentile survey value.

However, 77012, the CT guidance code, was just valued at the April 2017 RUC meeting at 1.50 wRVU compared with the current value of 1.16. This recommendation therefore reflects a discount of 0.34 wRVU over what would have been the combined values of 10022 (FNA biopsy) and the new value for 77012 (CT guidance for needle placement) pending CMS review.

Time Recommendation:
We recommend the median survey times of 15 minutes pre-service, 35 minutes intra-service, and 12 minutes post-service, for a total time of 62 minutes.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 32555 *(Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance),* chosen by 36% of respondents, and
- 99205 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high*

severity. Typically, 60 minutes are spent face-to-face with the patient and/or family), chosen by 27% of respondents.

32555 has 15 fewer minutes of intra-service period time, but longer pre- and post-service period times than the surveyed code, 10009. We believe the recommendation for 10009 is appropriately valued higher than 32555 based on the surveyed times and the fact that the most commonly performed procedures with 10009 will be more complex and technically demanding than 32555. This is also reflected by the recent increase of wRVU for 77012, the CT imaging guidance code bundled into 10009. 77012 was recently increased from 1.16 to 1.50 at the April 2017 RUC meeting due to the change in patients and the complexity of procedures now performed with 77012.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	2.27	57	22	20	15	0.076	000
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	3.17	67	7	45	15	0.060	XXX

MPC Codes:
The surveyed code (10009) is compares favorably to two non-radiology MPC codes with XXX global periods:

- 99204 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.)*, and
- 95810 *(Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist)*.

The surveyed code, 10009, has the same recommended value as 99204, but has 5 more minutes of intra-service time and 12 total minutes more pre- and post-service period time. The recommended value of 10009 is slightly lower than 95810, which is appropriate given the 4.5 more minutes of intra- and post-service time in 95810.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	2.43	45	5	30	10	0.070	XXX
10009	**Fine needle aspiration biopsy, including CT guidance; first lesion**	**2.43**	**62**	**15**	**35**	**12**	**0.052**	**XXX**
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.50	66.5	15	36.5	15	0.050	XXX

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the add-on code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10X17, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10009.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 92958
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10X16 provided nationally in a one-year period is estimated to be 92,958.

Specialty Interventional Radiology Frequency 46480 Percentage 50.00 %

Specialty Diagnostic Radiolgoy Frequency 27887 Percentage 29.99 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,986 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. The specialities estimates that CPT code 10X16 is billed approximately 30, 986 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 15493 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 9296 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19081

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:10010 Tracking Number G8 Original Specialty Recommended RVU: **1.65**
Presented Recommended RVU: **1.65**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **1.65**

CPT Descriptor: Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is found to have two lung lesions on prior chest CT.
After a CT-guided FNA biopsy of the first lesion is performed (reported separately), a CT-guided FNA biopsy is performed on the second lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The additional procedure and its purpose are explained to the patient, including potential complications. The differences between the subsequent procedure and the first FNA biopsy procedure are clarified for the patient. Informed consent is obtained.

The patient is repositioned on the CT scanner as needed. Targeted CT is performed in order to identify the appropriate level and approach for the initial needle placement. The patient is repositioned as necessary to facilitate the safest CT guided access to the lesion. The skin entry site is prepped and marked, and sterile drapes are applied. Determine approach to the lesion. Local anesthesia is injected with CT guidance. CT guidance is used to confirm the correct trajectory for needle advancement to the target anatomic lesion, avoiding vascular structures and non-target organs. During needle placement, intermittent CT is used to confirm the correct approach and the need for needle repositioning or realignment. If the position is not correct, additional CT guidance is used to facilitate repositioning until the proper position is achieved. Intermittent contrast material injection is performed as needed.

Using CT guidance, a needle with attached syringe is inserted into the lesion. A FNA biopsy of the lesion is performed. Intermittent CT visualization may take place during the intervention which necessitated the needle placement. The needle is withdrawn and material expressed onto slides, into fixative, and/or the appropriate solution. The previous process is repeated in the same lesion (typically three or four samples are acquired). Sample evaluated by pathology representative (pathologist or cytotechnologist) to assess adequacy. Additional FNA biopsy samples obtained as needed.

Compression is applied at the FNA biopsy site and the patient is observed for bleeding, hematoma, or other complication(s). Permanent image(s) are recorded.

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies.

A report of the additional procedure is dictated for the medical record (which may be included in the report for 10X16). An addendum to the report is dictated when the final pathology results are received (which may be included in the report for 10X16). The referring physician or QHP is called and the report provided if the test results are significant or if final pathology is discordant with imaging.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2017		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Greg Nicola, MD, FACR; Michael Hall, MD; Curtis Anderson, MD, PhD		
Specialty(s):	American College of Radiology; Society of Interventional Radiology		
CPT Code:	10010		
Sample Size:	3750	**Resp N:** 91	**Response:** 2.4 %
Description of Sample:	ACR - random sample of 2750, SIR - random sample of 1000		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**8.00**	15.00	100.00
Survey RVW:	0.70	1.65	**2.00**	2.73	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	18.00	**25.00**	30.00	95.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	10010	**Recommended Physician Work RVU: 1.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19082	ZZZ	1.65	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	23,439

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	507,119

CPT Descriptor 2 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 25.2 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 10010	**Top Key Reference CPT Code:** 19086	**2nd Key Reference CPT Code:** **19082**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	25.00	38.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**43.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	48%	35%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	52%	48%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	43%	57%
Physical effort required	0%	48%	52%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	35%	65%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	27%	47%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	33%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	40%	53%
Physical effort required	7%	60%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	27%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The existing fine needle aspiration biopsy codes, 10021 *(Fine needle aspiration; without imaging guidance)* and 10022 *(Fine needle aspiration; with imaging guidance)* were identified by CMS for review. CPT code 10021 had recently updated practice expense inputs without the physician work being reviewed, and code 10022 was

identified on the CMS High Expenditure Procedure list. At the April 2016 RUC meeting, these codes were referred to CPT to clarify parentheticals regarding appropriate utilization and to bundle in the appropriate imaging guidance codes.

The new bundled FNA biopsy procedure family now includes 10 codes structured as follows. There are 5 base FNA codes with 5 paired add-on codes for each additional lesion when performed with the base codes.

CT Guided FNA Codes:
Two new codes to describe fine needle aspiration biopsy with CT guidance were created by CPT.

- 10009 *(Fine needle aspiration biopsy, including CT guidance; first lesion)* is an XXX global code, and
- 10010 *(Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure))* is the corresponding ZZZ add-on.

These codes will be used in place of 10022 *(Fine needle aspiration; with imaging guidance)* and 77012 *(Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation)*.

Survey Process:
The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who have indicated that they perform interventional radiology. The societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendations:
We recommend a work RVU of 1.65, which is equal to the 25th percentile survey value.

Time Recommendation:
We recommend the median survey time of 25 minutes for the intra-service period.

Key Reference Services:
Our recommended work RVU and service period times fall between the two most commonly chosen key reference services (KRS):

- 19086 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure))*, chosen by 25% of respondents.
- 19082 *(Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)),* chosen by 16% of respondents

The recommended time and work RVU for 10010 are best compared with 19082, a stereotactic guided breast lesion biopsy with placement of a localization device, which has identical intra service time, similar total time, and an identical RVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	1.65	30	5	25		0.064	ZZZ
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	1.82	43	5	38		0.046	ZZZ

MPC Codes:

The surveyed code (10010) is between two other MPC codes with ZZZ global periods:

- 64480 *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure))*, and
- 99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))*.

There is a broad range of value between 64480 and 99292, from 1.20 to 2.25. The recommended value for 10010 is closer to 64480, but at 25 minutes of intra-service time, the time spent on 10010 is closer to 99292, which has a much higher wRVU.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT	Global Period
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	1.20	15		15		0.080	ZZZ
10010	**Fine needle aspiration biopsy, including CT guidance; each additional lesion**	**1.65**	**25**		**25**		**0.066**	**ZZZ**
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	2.25	30		30		0.075	ZZZ

Family of FNA Codes:
Relativity across the entire FNA biopsy code family is maintained at the recommended values as can be seen in the table below.

We would like to directly quantify the relationship between two CT guided codes, 10009 and 10010. When the pre- and post-time is removed from the base code, 10009, at the 0.0224 RVU/minute rate, the expected value of 10010, the add-on code, would be 1.83 wRVU compared to the recommended wRVU of 1.65. We think this appropriately reflects any efficiencies gained in performing a biopsy of an additional lesion while recognizing all of the work that goes into beginning an entirely separate biopsy procedure at a new site on the patient.

Conclusion:
The survey results and comparisons with applicable codes support the recommended values for 10010.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code is typically reported with 10X16.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 10022, 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10329
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 10010 provided nationally in a one-year period is estimated to be 10,329.

Specialty Interventional Radiology Frequency 5165 Percentage 50.00 %

Specialty Diagnostic Radiology Frequency 3099 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,443
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialities estimates that CPT code 10010 is billed approximately 3,443 times in total for Medicare patients nationally in a one-year period

Specialty Interventional Radiology Frequency 1722 Percentage 50.01 %

Specialty Diagnostic Radiology Frequency 1033 Percentage 30.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 19082

SS Rec Summary

ISSUE: Fine Needle Aspiration

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	43	0.054			1.82			56	13	3	5			20			15					
2nd REF	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A	12	0.047			1.50			40	5					25			10					
Aug-95	10021	Fine needle aspiration; without imaging guidance		0.034			1.27			48	21					17			10					
SVY	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	158	0.073	0.25	1.20	1.50	2.00	5.00	33	10			2	8	15	20	60	8	0	10	20	48	450
AAOHNS	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	85	0.116	0.40	1.20	1.50	1.90	5.00	25	10			2	5	10	15	30	5	0	10	20	25	200
AACE	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	12	0.081	0.25	1.16	1.67	2.03	2.50	35	10			7	13	15	20	30	10	0	0	4	9	100
ES	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	5	0.070	0.56	1.50	1.80	1.82	2.40	38	8			5	15	20	20	45	10	1	3	4	5	12
ASC	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	38	0.047	0.75	1.21	1.68	2.00	4.22	46	10			8	16	26	35	60	10	4	14	28	100	450
CAP	10021	Fine needle aspiration biopsy; without imaging guidance; first lesion	18	0.047	0.60	1.50	1.70	2.15	3.00	48	10			10	17	25	34	55	13	10	12	20	50	300
REC				0.053			1.20			33	10					15			8					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	21	0.048			1.19			25						25								
2nd REF	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	12	0.061			0.85			14						14								
Aug-95	10021	Fine needle aspiration; without imaging guidance		0.034			1.27			48	21					17			10					
SVY	+10004	each additional lesion (List separately in addition to code for primary procedure)	125	0.082	0.20	0.80	1.15	1.50	10.00	14				3	9	14	20	60		0	2	5	20	200
AAOHNS	10004	each additional lesion (List separately in addition to code for primary procedure)	61	0.100	0.20	0.75	1.00	1.50	10.00	10				3	5	10	15	25		0	2	5	10	100
AACE	10004	each additional lesion (List separately in addition to code for primary procedure)	11	0.151	0.25	0.68	1.51	1.91	2.50	10				3	6	10	19	30		0	0	0	1	15
ES	10004	each additional lesion (List separately in addition to code for primary procedure)	3	0.087	0.85	1.08	1.30	1.48	1.65	15				15	15	15	15	15		0	0	0	0	0
ASC	10004	each additional lesion (List separately in addition to code for primary procedure)	35	0.065	0.50	1.00	1.30	1.50	4.22	20				8	15	20	32	60		0	3	14	35	200
CAP	10004	each additional lesion (List separately in addition to code for primary procedure)	15	0.083	0.60	1.15	1.41	1.73	1.90	17				7	12	17	30	35		0	4	9	23	150
REC				0.057			0.80			14						14								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	91	0.076			2.27			57	13	3	6			20			15					
2nd REF	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image	19	0.038			0.56			18	4					10			4					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	203	0.091	0.25	1.63	2.25	2.50	5.00	39	10			1	15	20	30	90	9	0	25	70	150	4500
ACR - SVY	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	99	0.098	0.50	1.93	2.25	2.50	5.00	33	8			1	15	20	27	60	5	5	25	50	114	1800
ACR - Targeted	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	75	0.096	0.50	1.98	2.27	2.50	5.00	36	10			6	15	20	28	45	6	5	30	53	150	1800
ACR - Random	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	24	0.093	0.60	1.55	2.10	2.33	3.10	31	6			1	15	20	23	60	5	10	20	50	102	250
SIR	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	20	0.098	0.75	1.94	2.29	2.51	3.50	35	10			8	15	20	26	60	5	0	25	75	163	350
AACE	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	37	0.073	0.25	1.40	1.90	2.50	4.00	40	10			5	17	20	30	60	10	0	48	98	200	4500
ES	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	13	0.048	0.37	0.92	1.65	2.27	2.80	45	10			7	15	25	25	55	10	0	5	30	150	600
ASC	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	25	0.053	0.90	1.59	2.25	2.70	3.17	60	15			8	26	30	45	90	15	12	40	100	280	1500
CAP	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	9	0.043	0.85	1.42	1.50	2.20	3.17	44	10			15	17	25	60	62	9	5	25	100	300	1000
REC				0.060			1.63			39	10					20			9					

SS Rec Summary

ISSUE: Fine Needle Aspiration
TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	46	0.075			1.55			25		1	4			20								
2nd REF	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each	30	0.061			0.85			14						14								
3rd REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when	29	0.064			1.65			30		1	4			25								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	+10006	each additional lesion (List separately in addition to code for primary procedure)	200	0.100	0.25	1.00	1.50	2.00	5.00	15				1	10	15	24	60		0	10	25	59	4500
ACR - SVY	10006	each additional lesion (List separately in addition to code for primary procedure)	99	0.100	0.25	1.00	1.50	2.00	4.00	15				1	10	15	20	52		0	10	20	45	700
ACR - Targeted	10006	each additional lesion (List separately in addition to code for primary procedure)	75	0.100	0.50	1.00	1.50	2.10	4.00	15				2	10	15	20	45		0	10	20	50	700
ACR - Random	10006	each additional lesion (List separately in addition to code for primary procedure)	24	0.112	0.25	0.94	1.46	1.58	2.00	13				1	10	13	16	52		2	5	15	26	150
SIR	10006	each additional lesion (List separately in addition to code for primary procedure)	20	0.180	0.55	1.44	1.80	2.10	3.50	10				4	10	10	16	30		0	9	35	81	150
AACE	10006	each additional lesion (List separately in addition to code for primary procedure)	35	0.094	0.25	0.90	1.50	1.81	5.00	16				5	10	16	25	60		0	15	30	59	4500
ES	10006	each additional lesion (List separately in addition to code for primary procedure)	12	0.071	0.50	0.78	1.28	1.61	1.70	18				5	12	18	25	60		0	0	10	56	120
ASC	10006	each additional lesion (List separately in addition to code for primary procedure)	25	0.055	0.50	1.25	1.65	2.00	2.90	30				8	20	30	35	60		2	15	50	100	800
CAP	10006	each additional lesion (List separately in addition to code for primary procedure)	9	0.065	0.85	1.19	1.42	1.50	2.67	22				10	16	22	60	60		1	10	25	127	250
REC				0.067			1.00			15						15								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	14	0.076			2.27			57	13	3	6			20			15					
2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	8	0.059			3.17			67	7					45			15					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	31	0.076	1.70	2.23	2.50	3.05	4.00	47	10			8	20	27	35	60	10	0	5	10	23	100
ACR - SVY	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	22	0.062	1.70	2.21	2.45	3.08	3.80	56	11			15	20	30	35	50	15	0	4	13	24	100
ACR - Targeted	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	17	0.067	1.70	2.28	2.80	3.10	3.80	65	15			15	20	30	36	50	20	0	2	10	25	100
ACR - Random	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	5	0.056	2.10	2.20	2.20	2.27	2.31	46	5			20	21	35	35	35	6	10	10	15	20	25
SIR	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	9	0.103	1.90	2.27	2.50	3.00	4.00	40	10			8	20	20	30	60	10	0	5	5	15	100
REC				0.050			1.81			47	10					27			10					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	6	0.064			1.65			30		1	4			25								
2nd REF	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	6	0.075			1.55			25		1	4			20								
3rd REF	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion,	5	0.046			1.82			43		1	4			38								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
SVY	+10008	each additional lesion (List separately in addition to code for primary procedure)	31	0.090	1.00	1.50	1.80	2.14	4.00	20				7	15	20	25	36		0	0	2	15	200
ACR - SVY	10008	each additional lesion (List separately in addition to code for primary procedure)	22	0.080	1.00	1.50	1.60	2.00	3.41	20				10	15	20	27	36		0	0	2	10	200
ACR - Targeted	10008	each additional lesion (List separately in addition to code for primary procedure)	17	0.090	1.00	1.40	1.80	2.30	3.41	20				10	15	20	30	36		0	0	1	5	200
ACR - Random	10008	each additional lesion (List separately in addition to code for primary procedure)	5	0.076	1.50	1.50	1.51	1.60	1.82	20				20	20	20	21	25		2	6	20	20	20
SIR	10008	each additional lesion (List separately in addition to code for primary procedure)	9	0.098	1.50	1.75	1.95	2.27	4.00	20				7	10	20	22	30		0	0	0	20	100
REC				0.059			1.18			20						20								

SS Rec Summary

ISSUE: Fine Needle Aspiration

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	33	0.076			2.27			57	13	3	6			20			15					
2nd REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A	25	0.059			3.17			67	7					45			15					
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	91	0.064	1.20	2.43	2.85	3.23	8.00	62	15			10	25	35	45	90	12	0	20	40	80	300
ACR - SVY	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	72	0.063	1.30	2.44	2.87	3.21	6.00	65	15			15	29	35	45	90	15	0	18	40	60	300
ACR - Targeted	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	59	0.064	1.30	2.48	2.90	3.31	6.00	65	15			15	28	35	45	90	15	0	20	50	73	300
ACR - Random	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	13	0.058	1.50	2.27	2.71	2.98	3.20	62	15			15	30	37	45	60	10	2	12	20	30	100
SIR	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	19	0.080	1.20	2.39	2.80	3.35	8.00	53	15			10	20	28	40	60	10	0	30	70	100	250
REC				0.052			2.43			62	15					35			12					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion	23	0.046			1.82			43		1	4			38								
2nd REF	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion	15	0.064			1.65			30		1	4			25								
Aug-95	10022	Fine needle aspiration; with imaging guidance		0.040			1.27			41	11					20			10					
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														
Apr-17	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		0.030			1.50			55	15					35			5					
SVY	+10010	each additional lesion (List separately in addition to code for primary procedure)	91	0.080	0.70	1.65	2.00	2.73	8.00	25				8	18	25	30	95		0	2	8	15	100
ACR - SVY	10010	each additional lesion (List separately in addition to code for primary procedure)	72	0.080	0.80	1.59	2.00	2.66	3.90	25				8	19	25	35	95		0	2	7	15	100
ACR - Targeted	10010	each additional lesion (List separately in addition to code for primary procedure)	59	0.080	1.20	1.58	2.00	2.80	3.90	25				8	19	25	36	80		0	1	5	15	100
ACR - Random	10010	each additional lesion (List separately in addition to code for primary procedure)	13	0.076	0.80	1.70	1.90	2.10	3.10	25				10	20	25	31	95		0	5	8	10	20
SIR	10010	each additional lesion (List separately in addition to code for primary procedure)	19	0.100	0.70	1.81	2.00	2.88	8.00	20				8	15	20	29	40		0	4	10	23	100
REC				0.066			1.65			25						25								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
Apr-14	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
SVY	76942	Ultrasonic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), imaging supervision and interpretation		#DIV/0!						0														
REC				0.027			0.67			27	7					15			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
Oct-15	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15								
SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device) (List separately in addition to code for primary procedure)		#DIV/0!						0														
REC				0.033			0.54			17		2				15								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
CMS/Other	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		#DIV/0!			1.16			22														

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	**ISSUE: Fine Needle Aspiration**																								
14	**TAB: 4**																								
173	**Apr-17**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**		**0.030**			**1.50**			**55**	**15**					**35**			**5**					
174	**SVY**	**77012**	**Computed tomography guidance for needle placement (eg, biopsy, fine needle aspiration biopsy, injection, localization device), radiological supervision and interpretation**		**#DIV/0!**						**0**														
175	**REC**				**0.030**			**1.50**			**55**	**15**					**35**			**5**					
176																									

CPT Code: 10021, 10004, 10005, 10006, 10007, 10008, 10009, 10010
Specialty Society: AAOHNS, AACE, ES, ASC, CAP, ACR and SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs – REVISED at Meeting

Meeting Date: October 2017

Global Period: XXX

CPT Long Descriptors:

●10021 Fine needle aspiration, without imaging guidance; first lesion

●10005 Fine needle aspiration, including ultrasound guidance; first lesion

●10007 Fine needle aspiration, including fluoroscopic guidance; first lesion

●10009 Fine needle aspiration, including CT guidance; first lesion

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Global Period: ZZZ

CPT Long Descriptors:

●+10004 Fine needle aspiration, without imaging guidance; each additional lesion
(List separately in addition to code for primary procedure)

●+10006 Fine needle aspiration, including ultrasound guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10008 Fine needle aspiration, including fluoroscopic guidance; each additional lesion *(List separately in addition to code for primary procedure)*

●+10010 Fine needle aspiration, including CT guidance; each additional lesion
(List separately in addition to code for primary procedure)
[Note: This code only includes the additional work related to performing a CT-guided fine needle aspiration of the second lesion.

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   AAOHNS, AACE, ES, ASC, CAP, ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this family of fine needle aspiration services.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The multispecialty group included the existing direct practice expense inputs for the underlying CPT Codes. The multispecialty group also included the recently approved PE inputs for CPT Code 77012 (April 2017).

3. **Is this code(s) typically billed with an E/M service?**

   CPT Code 10021 "without imaging' is typically billed with an E/M service.
   The "with imaging" services are NOT typically billed with an E/M service.

4. **What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different then for the global? (please see provided data in PE Subcommittee folder)**

   Current 10021 "without imaging" – all data 45% otolaryngology, NF data only 54% otolaryngology
   Current 10022 "with imaging" – all data 52% radiology, NF data only 41% endocrinology
   New coding "with imaging" FL, CT and MR radiology will be dominant provider

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   We have included 2 extra minutes of positioning time to X12, X14, X16 and X18. The extra positioning time is needed to position the patient to ensure the imaging equipment will work appropriately with their positioning.

6. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   The specialty societies are recommending supplies for the new FNA codes that are not in the existing/predecessor codes. Below is a detailed description of the supplies needed for these new FNA procedures. The specialties believe there is compelling evidence to change the direct inputs for the newly created codes based on change in technique, change in knowledge/technology and change from previous code-specific PE to newly applicable IR standards. See below:

	PE Compelling Evidence for Fine Needle Aspiration									
Components of PE Compelling Evidence	**10021**	**10004**	**10005**	**10006**	**10007**	**10008**	**10009**	**10010**		
• Evidence that patient poulation has changed.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that technology has changed clinical staff time.	**No**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**		
• Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data.	**No**	**No**	**Yes**	**Yes**	**No**	**No**	**No**	**No**		

The increases in total clinical time are based on (1) physician work time and (2) the addition of a second clinical staff person to the flouro, CT and MR procedures to assist with imaging acquisition. The inclusion of a second clinical staff person to assist with image based intervention procedures is typical. That second person assists with the image acquisition. The existing model is to allocate 75% of a tech (specific type depending on procedure) and 25% at the lower rate of a nurse blend.

Based on the typical vignettes for these newly created codes, the specialties are requesting 3 needles/syringes (not 2). The typical number of passes will be 3-5.

Non-Imaging Guide – ENT Dominant Specialty in the NF setting. Clean procedure.

***Note compelling evidence is not required as the overall practice expense for these codes was reduced from existing inputs*

SA061 biopsy tray – *RATIONALE: replaces many of the itemized inputs that previously existed in the 10021 code.*

SB024 gloves, sterile – *RATIONALE: both the staff and the physician wear sterile gloves during the procedure. The staff needs gloves because they hand sterile instruments to the physician during the procedure.*
SB034 mask, surgical, with face shield – *RATIONALE: physician wears during procedure to protect against splatter of fluids.*

SB044 underpad 2ft x 3 ft (Chux) – *RATIONALE: protects patient and catches any fluid from the neck during the procedure.*

SC029 needle, 18-27 g – *RATIONALE: additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first pass of the biopsy and these two additional needles are needed for the second and third pass of the*

biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12 ml – *RATIONALE: additional syringes are needed beyond what is in the biopsy tray. A separate needle and syringe are needed for each pass on the same lesion to protect each sample.*

The items below were removed by the Panel during the practice expense presentation.

~~SB001 cap, surgical~~
~~SB004 cover, thermometer probe~~
~~SB012 drape, sterile, for Mayo stand~~
~~SB014 drape, sterile, three-quarter sheet~~
~~SB019 drape-towel, sterile 18in x 26in~~
~~SB026 gown, patient~~
~~SB027 gown, staff, impervious~~
SB034 mask, surgical, with face shield
~~SB039 shoe covers, surgical~~
~~SH030 Emla cream~~
~~SJ029 ice pack, instant~~
~~SJ041 povidone soln (Betadine)~~
~~SJ053 swab-pad, alcohol~~
~~SL154 alcohol ethyl 100%~~
~~SL180 phophate buffered saline (PBS)~~
~~SM018 gluteraldehyde 3.4% (Cidex, Maxcide, Wavicide)~~

U/S Code – Endocrinology Dominant in NF setting. Clean procedure.

SA048 pack, minimum multi-specialty

SA061 tray, biopsy procedure

SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,

SC029 needle, 18-27 g – Additional needles to what is in the tray are required, there are three in the tray – 2 are used for drawing up and injecting lidocaine, one is used for the first pass of the biopsy and these two additional needles are needed for the second and third pass of the biopsy. Three passes are the minimum typical number of passes performed to get a sufficient sample.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
*SB005 cover-condom, transducer or US probe: For U/S probe coverage. This must be sterile and protects the sterile field and protects the US probe.
*SJ089 ultrasound transmission gel, sterile (single use): For use during US guidance for acoustic coupling between probe and patient's skin. Must be sterile.
SM012 disinfectant spray (transeptic) 10 ml

FLUORO Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.

SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
*SB008 drape, sterile, c-arm, fluoro – For covering the Image intensifier/flat panel during the procedure to protect the sterility of the field.
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

CT Code – Radiology/IR Dominant in NF setting. Sterile procedure.

SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged

during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

SC035 needle, Chiba: Biopsy needle. Each needle is used only once and it is typical to perform three or more passes on each lesion biopsied.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SD086 grid – Single use disposable item which is placed on the patient prior to and during biopsy planning to provide a reference on the skin to mark needle entry planned on CT imaging. Can be used only for the same patient for the base code and add-on code, then it is discarded.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication (lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

MR Code – Radiology/IR Dominant in NF setting. Sterile procedure.
SA061 tray, biopsy procedure

SB026 gown, patient – Patient must be changed out of their clothes and placed in a gown for interventions in the chest. E/M is not typically billed with this procedure.
SB004 cover, thermometer probe. For vital signs prior to the procedure. E/M is not typically billed with this procedure.

SB001 cap, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB022 gloves, non-sterile: for nurse blend circulator
SB024 gloves, sterile: For surgeon and hip-to-hip assistant.
SB027 gown, staff, impervious: For surgeon and hip-to-hip assistant.
SB034 mask, surgical, with face shield: For surgeon and hip-to-hip assistant.
SB039 shoe covers, surgical: For surgeon, hip-to-hip assistant, and nurse blend circulating in room.

SB044 underpad 2ft x 3ft (Chux): For beneath patient to protect table and bedsheets,
SB012 drape, sterile, for Mayo stand: Working area where sterile biopsy supplies are arranged during procedure.
SB014 drape, sterile, three-quarter sheet: Additional sterile coverage of the patient's body. Fenestrated drape in biopsy kit is very small and doesn't allow for a large enough working space.
SB019 drape-towel, sterile 18in x 26in: Sterile towels for marking off sterile prepped area.

*NEW ITEM: MREYE CHIBA Biopsy Needle – This is a new item specifically for MR guided needle biopsy. This needle is MRI compatible and non-ferromagnetic. A typical steel Chiba needle is not MRI safe and cannot be used.
SC051 syringe 10-12ml: For aspirating through the needles during biopsy (2 additional, 1 on tray)
*SC022 mammotome probe guide – Cutaneous marker/guide which allows for marking the skin entry site and passively supporting/guiding the needle during repeated imaging acquisition/needle repositioning cycles.
SJ053 swab-pad, alcohol: For wiping top of multiuse drug vials prior to drawing up medication

(lidocaine).
SM012 disinfectant spray (transeptic) 10 ml

SA061 tray, biopsy procedure
0.9% Sodium Chloride, 5mL: for flushing samples out of needles as needed.
Specimen tubes and caps (2): for samples in formalin, RPMI or phosphate buffered saline
Slides, fully frosted (2): for touch preps and smears
frosted end (2): for touch preps and smears
25 Ga x 5/8" needle: local anesthesia (superficial)
22 Ga x 1-1/2" needle: local anesthesia (deep)
18 Ga x 2" blunt needle: drawing up medications
10 cc Plastic Syringes, Luer Lock (2): (lidocaine or other solution delivery)
No. 11 scalpel assembly: skin nick for biopsy site
Needle stop: sharps management
PVP Swabsticks (triples): sterile prep
Alcohol Wipe: wiping medication vials before drawing up
1% Lidocaine HCl, 5 mL (2 ampules): local anesthesia
3" x 3" Gauze (3): cleaning small blood droplets
Disposable Towel: cleaning Povidone off skin post procedure
Fenestrated drape: site drape for biopsy
Puncture site bandage:
8" paper ruler: for measuring and planning puncture site.
Sterile indicator: the strip that comes in the pack confirming sterility
Hospital wrap: packaging

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

8. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

**activities related to "with imaging" procedures*

Pre-Service Clinical Labor Activities:
*Confirm availability of prior images/studies
*Review patient clinical extant information and questionnaire

Intra-Service Clinical Labor Activities:
Prepare room, equipment, supplies after consulting with MD
Patient is greeted, gowned and escorted into procedure room
Prepare and position patient on table
Clean prep performed and draping of target site
Ensure proper patient position for use of equipment
Assist physician (100% - hip to hip)
*Perform procedure (75% - related to imaging)
*Perform procedure (25% - floater)
Clean room/equipment by physician staff
Complete post-procedure diagnostic forms, lab and x-ray requisitions

Review/read post-procedure x-ray, lab and pathology reports
*Technologist archives and QC's images to/in PACS, checking for all images and dose page
*Review examination with interpreting MD
*Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
Review home care instructions, coordinate visits/prescriptions

Post-Service Clinical Labor Activities:
N/A

9. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

   For the fluoroscopy, CT and MR codes we have included a tech at 75% of the physician work time to perform the imaging acquisition portion of the procedure and a nurse blend at 25% of the physician work time as the floater.

10. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

11. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

12. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    CPT Code 10X18 MR FNA will need a MREYE CHIBA BIOPSY NEEDLE. The Chiba needle for MRI guided biopsy must be safe for the high magnetic field environment. In particular, in must not be ferromagnetic and therefore cannot be made from stainless steel. The MRI safe Chiba needle is made from a nonferromagnetic alloy. Copy of a paid invoice is attached. One needed $37.

13. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    EF015 Mayo Stand – default formula
    EF023 Table, exam – default formula
    EQ250 portable U/S – default formula
    EL014 room, radiographic/fluoroscopic – default formula
    EL007 CT room – highly technical formula
    EL008 MR room – highly technical formula

ED050 PACS workstation proxy – PACS formula
ED053 Professional PACS – linked to physician work *(half of pre and all of intra)*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here:

The specialty societies are asking the PE subcommittee to reaffirm the direct practice expense inputs for CPT Codes 76942, 77002 and 77012.

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 11.75**	**$ -**	**$ 10.73**	**$ -**	**$ 5.18**	**$ -**	**$ 18.09**	**$ -**	**$ 14.79**	**$ -**	**$ 10.73**	**$ -**	**$ 15.17**	**$ -**	**$ 5.55**	**$ -**
23		**PRE-SERVICE PERIOD**						**29**		**14**		**47**		**29**		**29**		**41**		**15**	
24		**Start: Following visit when decision for surgery or procedure made**																			
25	CA001	Complete pre-service diagnostic and	L037D	RN/LPN/MTA	0.37																
26	CA002	Coordinate pre-surgery services	L037D	RN/LPN/MTA	0.37																
27	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37																
28	CA004	Provide pre-service education/obtain	L037D	RN/LPN/MTA	0.37																
29	CA005	Complete pre-procedure phone calls and	L037D	RN/LPN/MTA	0.37																
30	CA006	Confirm availability of prior	L037D	RN/LPN/MTA	0.37											2		2			
31	CA006	Confirm availability of prior	L051B	RN/Diagnostic	0.51									2							
32	CA006	Confirm availability of prior	L041B	Radiologic	0.41																
33	CA006	Confirm availability of prior	L046A	CT	0.46																
34	CA006	Confirm availability of prior	L047A	MRI	0.47																
35	CA007	Review patient clinical extant information	L037D	RN/LPN/MTA	0.37													2			
36	CA007	Review patient clinical extant information	L046A	CT	0.46																
37	CA007	Review patient clinical extant information	L047A	MRI	0.47																
38	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
39	CA007	Review patient clinical extant information	L041B	Radiologic	0.41																
40	CA008	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
41			L037D	RN/LPN/MTA	0.37																
42			L037D	RN/LPN/MTA	0.37																
43			L037D	RN/LPN/MTA	0.37																
44		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
45		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
46		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
47		**End: When patient enters office/facility for surgery/procedure**																			

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
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18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
48		**SERVICE PERIOD**																			
49		**Start: When patient enters office/facility for surgery/procedure:**																			
50		**Pre-Service (of service period)**																			
51	CA009	Greet patient, provide gowning, ensure	L037D	RN/LPN/MTA	0.37							2						2			
52	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37							3						3			
53	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		2				2						2			
54	CA012	Review requisition, assess for special	L037D	RN/LPN/MTA	0.37																
55	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic	0.51	2						5		2							
56	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41																
57	CA013	Prepare room, equipment and supplies	L046A	CT	0.46																
58	CA013	Prepare room, equipment and supplies	L047A	MRI	0.47																
59	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2								2		2			
60	CA013	Prepare room, equipment and supplies	I047A	MRI	0.47																
61	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37																
62	CA014	Confirm order, protocol exam	L041B	Radiologic	0.41																
63	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37																
64	CA016	Prepare, set-up and start IV, initial	L051B	RN/Diagnostic	0.51									2							
65	CA016	Prepare, set-up and start IV, initial	L037D	RN/LPN/MTA	0.37	2		2				2				2		2			
66	CA016	Prepare, set-up and start IV, initial	L041B	Radiologic	0.41																
67	CA016	Prepare, set-up and start IV, initial	L046A	CT	0.46																
68	CA016	Prepare, set-up and start IV, initial	L047A	MRI	0.47																
69	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37																
70		*Other activity: please include short*	I037D	RN/LPN/MTA	0.37																
71		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
72		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
73		**Intra-service (of service period)**																			
74	CA018	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37	17		15		14		20						20		15	
75	CA018	Assist physician or other qualified	L051B	RN/Diagnostic	0.51																
76	CA018	Assist physician or other qualified	L041B	Radiologic	0.41																
77	CA018	Assist physician or other qualified	L046A	CT	0.46																
78	CA018	Assist physician or other qualified	L047A	MRI	0.47																
79	CA019	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
80	CA020	Assist physician or other qualified	L037D	RN/LPN/MTA	0.37																
81	CA020	Assist physician or other qualified	L041B	Radiologic	0.41																
82	CA020	Assist physician or other qualified	L046A	CT	0.46																
83	CA020	Assist physician or other qualified	L047A	MRI	0.47																
84	CA021	Perform procedure/service---NOT directly	L041B	Radiologic	0.41																
85	CA021	Perform procedure/service---NOT directly	L047A	MRI	0.47																
86	CA021	Perform procedure/service---NOT directly	L051B	RN/Diagnostic	0.51									15							

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.				10021		10021		+10004		10022		76942		76942		10005		+10006	
3		RUC Collaboration Website				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
87	CA021	Perform procedure/service---NOT directly	L037D	RN/LPN/MTA	0.37											15					
88		Other activity: please include short	L037D	RN/LPN/MTA	0.37																
89		Other activity: please include short	L037D	RN/LPN/MTA	0.37																
90		Other activity: please include short	L037D	RN/LPN/MTA	0.37																

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 4** **Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
91		**Post-Service (of service period)**																			
92	CA022	Monitor patient following	L037D	RN/LPN/MTA	0.37																
93	CA023	Monitor patient following	L037D	RN/LPN/MTA	0.37																
94	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic	0.51									3							
95	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3				3				3		3			
96	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41																
97	CA024	Clean room/equipment by clinical staff	L047A	MRI	0.47																
98	CA025	Clean scope	L037D	RN/LPN/MTA	0.37																
99	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37																
100	CA027	Complete post-procedure diagnostic	L037D	RN/LPN/MTA	0.37	3		3													
101	CA028	Review/read post-procedure x-ray, lab	L037D	RN/LPN/MTA	0.37							2									
102	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	2		2				2						1			
103	CA030	Technologist QC's images in PACS,	L037D	RN/LPN/MTA	0.37											2					
104	CA030	Technologist QC's images in PACS,	L051B	RN/Diagnostic	0.51									2							
105	CA030	Technologist QC's images in PACS,	L046A	CT	0.46																
106	CA030	Technologist QC's images in PACS,	L047A	MRI	0.47																
107	CA030	Technologist QC's images in PACS,	L041B	Radiologic	0.41																
108	CA031	Review examination with interpreting	L046A	CT	0.46																
109	CA031	Review examination with interpreting	L047A	MRI	0.47																
110	CA031	Review examination with interpreting	L037D	RN/LPN/MTA	0.37											2					
111	CA031	Review examination with interpreting	L051B	RN/Diagnostic	0.51									2							
112	CA031	Review examination with interpreting	L041B	Radiologic	0.41																
113	CA032	Scan exam documents into PACS.	L037D	RN/LPN/MTA	0.37											1					
114	CA032	Scan exam documents into PACS.	L046A	CT	0.46																
115	CA032	Scan exam documents into PACS.	L051B	RN/Diagnostic	0.51									1							
116	CA032	Scan exam documents into PACS.	L047A	MRI	0.47																
117	CA032	Scan exam documents into PACS.	L041B	Radiologic	0.41																
118	CA033	Perform regulatory mandated quality	L037D	RN/LPN/MTA	0.37																
119	CA034	Document procedure (nonPACS) (e.g.	L037D	RN/LPN/MTA	0.37																
120	CA035	Review home care instructions,	L037D	RN/LPN/MTA	0.37							6						2			
121	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122			L037D	RN/LPN/MTA	0.37																
123			L037D	RN/LPN/MTA	0.37																
124			L037D	RN/LPN/MTA	0.37																
125		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
126		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
127		*Other activity: please include short*	L037D	RN/LPN/MTA	0.37																
128		**End: Patient leaves office**																			
129		**POST-SERVICE PERIOD**																			

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3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
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12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
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19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
130		**Start: Patient leaves office/facility**																			
131	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37																
132	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37																
146		**End: with last office visit before end of global period**																			

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6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
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13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
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18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
19		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
147	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																	
148		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 26.51	$ -	$ 18.32	$ -	$ 0.86	$ -	$ 45.47	$ -	$ 2.71	$ -	$ 2.71	$ -	$ 21.80	$ -	$ 0.86	$ -
149	SA048	pack, minimum multi-specialty visit	1.143	pack														1			
150	SA061	tray, biopsy procedure	14.65	tray				1				1						1			
151	SB001	cap, surgical	0.209	item																	
152	SB004	cover, thermometer probe	0.038	item								1									
153	SB005	cover-condom, transducer or ultrasound probe	0.35	item										1		1		1			
154	SB008	drape, sterile, c-arm, fluoro	4.504	item																	
155	SB012	drape, sterile, for Mayo stand	1.688	item		1															
156	SB014	drape, sterile, three-quarter sheet	3.83	item																	
157	SB019	drape-towel, sterile 18in x 26in	0.282	item																	
158	SB022	gloves, non-sterile	0.084	pair								1									
159	SB024	gloves, sterile	0.84	pair		2		2				2						2			
160	SB026	gown, patient	0.533	item								1									
161	SB027	gown, staff, impervious	1.186	item																	
162	SB030	lab coat, staff	4.522	item								2									
163	SB033	mask, surgical	0.196	item								1									
164	SB034	mask, surgical, with face shield	1.199	item				1										1			
165	SB039	shoe covers, surgical	0.338	pair																	
166	SB044	underpad 2ft x 3ft (Chux)	0.23	item				1										1			
167	SC022	Mammotome probe guide	7	item																	
168	SC029	needle, 18-27g	0.089	item		2		2		3								2		3	
169	SC101	ultrasound needle	12.81	item																	
170	SC035	needle, Chiba	8.477	item								2									
171	SC051	syringe 10-12ml	0.184	item		2		2		3		3						2		3	
172	SD086	grids	0.11	item																	
173	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item		1				1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)	1.771	item		1															
175	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item		1															
176	SH030	Emla cream	2.089	gm		5															
177	SJ029	ice pack, instant	1.06	item																	
178	SJ033	lubricating jelly (Surgilube)	0.501	oz										4		4					
179	SJ041	povidone soln (Betadine)	0.008	ml								10									
180	SJ053	swab-pad, alcohol	0.013	item		4		1				4						1			

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6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME				31	0	29	0	14	0	47	0	29	0	29	0	41	0	15	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37											2		4			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									2							
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13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	31	0	29	0	14	0	47	0		0	27	0	37	0	15	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51									27							
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	0.46																
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047A	MRI Technologist	0.47																
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
18		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37																
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20		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051B	RN/Diagnostic Medical	0.51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.41																
181	SJ089	ultrasound transmission gel, sterile (single use)	1.71															1			
182	SK062	patient education booklet	1.55	item								1									
183	SL036	cup, biopsy-specimen sterile 4oz	0.173	item		1															
184	SL071	fixative spray	0.047	ml		0.20															
185	SL120	slide container (for 20 microscope slides)	6.652	item		1															
186	SL122	slide, microscope	0.055	item		4															
187	SL154	alcohol ethyl 100%	0.028	ml		60															
188	SL180	phosphate buffered saline (PBS)	0.025	ml		30															
189	SM012	disinfectant spray (Transeptic)	0.028	ml										10		10		10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz																	
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz								0.34									
192	SM021	sanitizing cloth-wipe (patient)	0.037	item										2		2					
193	NEW	MREYE CHIBA BIOPSY NEEDLE	37.00	item																	
194																					

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet - REVISED at MEETING**					**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**10021**		**10021**		**+10004**		**10022**		**76942**		**76942**		**10005**		**+10006**	
3		***RUC Collaboration Website***				Fine needle aspiration; without imaging guidance		Fine needle aspiration biopsy,; without imaging guidance; first lesion		each additional lesion (List separately in addition to code primary procedure)		Fine needle aspiration; with imaging guidance		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation April 2014		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		Fine needle aspiration biopsy, including ultrasound guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**				**31**	**0**	**29**	**0**	**14**	**0**	**47**	**0**	**29**	**0**	**29**	**0**	**41**	**0**	**15**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*											*2*		*4*			
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*2*							
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*	*31*	*0*	*29*	*0*	*14*	*0*	*47*	*0*		*0*	*27*	*0*	*37*	*0*	*15*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*									*27*							
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L046A*	*CT Technologist*	*0.46*																
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L037D*	*RN/LPN/MTA*	*0.37*																
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L047A*	*MRI Technologist*	*0.47*																
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L051B*	*RN/Diagnostic Medical*	*0.51*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*L041B*	*Radiologic Technologist*	*0.41*																
197	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.12**	**$ -**	**$ 0.12**	**$ -**	**$ 0.06**	**$ -**	**$ 0.06**	**$ -**	**$ 4.22**	**$ -**	**$ 4.22**	**$ -**	**$ 4.46**	**$ -**	**$ 1.81**	**$ -**
199	EF023	table, exam	1338.17	Default	0.002976617	28		29		14								37		15	
200	ED050	PACS Workstation Proxy	5557	PACS	0.022017924									15		15					
201	ED053	Professional PACS Workstation	14616.93	Other Formula	0.057915145									19		19					
202	EL007	room, CT	1284000	Highly Technical	4.865100588																
203	EL008	room, MR	1605000	Highly Technical	6.081375734																
204	EL014	room, radiographic-fluoroscopic	367664	Default	1.393085936																
205	EQ250	ultrasound unit, portable	29999	Default	0.11624994									24		24		37		15	
206	EF015	mayo stand	530.76	Default	0.001180619	28		29		14		47						37		15	
207																					
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																			

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
22		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 18.09**	**$ -**	**$ 11.89**	**$ -**	**$ 11.89**	**$ -**	**$ 32.75**	**$ -**	**$ 18.25**	**$ -**	**$ 18.09**	**$ -**	**$ 14.72**	**$ -**	**$ 14.72**	**$ -**	**$ 42.76**	**$ -**	**$ 22.44**	**$ -**
23		**PRE-SERVICE PERIOD**	**47**		**29**		**29**		**82**		**45**		**47**		**36**		**36**		**98**		**50**	
24		**Start: Following visit when decision for s**																				
25	CA001	Complete pre-service diagnostic and																				
26	CA002	Coordinate pre-surgery services																				
27	CA003	Schedule space and equipment in facility																				
28	CA004	Provide pre-service education/obtain																				
29	CA005	Complete pre-procedure phone calls and																				
30	CA006	Confirm availability of prior																				
31	CA006	Confirm availability of prior																				
32	CA006	Confirm availability of prior			2		2		2						3		3					
33	CA006	Confirm availability of prior																	2			
34	CA006	Confirm availability of prior																				
35	CA007	Review patient clinical extant information																				
36	CA007	Review patient clinical extant information																	2			
37	CA007	Review patient clinical extant information																				
38	CA007	Review patient clinical extant information			2		2		2													
39	CA007	Review patient clinical extant information																				
40	CA008	Perform regulatory mandated quality																				
41																						
42																						
43																						
44		*Other activity: please include short*																				
45		*Other activity: please include short*																				
46		*Other activity: please include short*																				
47		**End: When patient enters office/facility fo**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE																				
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
48		SERVICE PERIOD																				
49		Start: When patient enters office/facility f																				
50		Pre-Service (of service period)																				
51	CA009	Greet patient, provide gowning, ensure	2						2				2						2			
52	CA010	Obtain vital signs	3						3				3						3			
53	CA011	Provide education/obtain consent	2						2				2		1		1		2			
54	CA012	Review requisition, assess for special																				
55	CA013	Prepare room, equipment and supplies	5										5									
56	CA013	Prepare room, equipment and supplies			2		2		2						2		2					
57	CA013	Prepare room, equipment and supplies																	2			
58	CA013	Prepare room, equipment and supplies																				
59	CA013	Prepare room, equipment and supplies																				
60	CA013	Prepare room, equipment and supplies																				
61	CA014	Confirm order, protocol exam																				
62	CA014	Confirm order, protocol exam													1		1					
63	CA015	Setup scope (nonfacility setting only)																				
64	CA016	Prepare, set-up and start IV, initial																				
65	CA016	Prepare, set-up and start IV, initial	2										2						2			
66	CA016	Prepare, set-up and start IV, initial			2		2		2						2		2					
67	CA016	Prepare, set-up and start IV, initial																				
68	CA016	Prepare, set-up and start IV, initial																				
69	CA017	Sedate/apply anesthesia																				
70		Other activity: please include short																				
71		Other activity: please include short																				
72		Other activity: please include short																				
73		Intra-service (of service period)																				
74	CA018	Assist physician or other qualified	20										20									
75	CA018	Assist physician or other qualified																				
76	CA018	Assist physician or other qualified							27		20											
77	CA018	Assist physician or other qualified																	35		25	
78	CA018	Assist physician or other qualified																				
79	CA019	Assist physician or other qualified																				
80	CA020	Assist physician or other qualified							7		5								9		6	
81	CA020	Assist physician or other qualified							20		15											
82	CA020	Assist physician or other qualified																	26		19	
83	CA020	Assist physician or other qualified																				
84	CA021	Perform procedure/service---NOT directly			15		15								18		18					
85	CA021	Perform procedure/service---NOT directly																				
86	CA021	Perform procedure/service---NOT directly																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
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2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
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6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							4													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	4			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			4		4								3		3					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	68			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			25		25		56						32		32					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
87	CA021	Perform procedure/service---NOT directly																				
88		*Other activity: please include short*																				
89		*Other activity: please include short*																				
90		*Other activity: please include short*																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
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4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 4** **Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
91		**Post-Service (of service period)**																				
92	CA022	Monitor patient following																				
93	CA023	Monitor patient following																				
94	CA024	Clean room/equipment by clinical staff																				
95	CA024	Clean room/equipment by clinical staff	3						3				3						3			
96	CA024	Clean room/equipment by clinical staff			3		3								3		3					
97	CA024	Clean room/equipment by clinical staff																				
98	CA025	Clean scope																				
99	CA026	Clean surgical instrument package																				
100	CA027	Complete post-procedure diagnostic																				
101	CA028	Review/read post-procedure x-ray, lab	2						2				2						2			
102	CA029	Check dressings, catheters, wounds	2						1				2						1			
103	CA030	Technologist QC's images in PACS,																				
104	CA030	Technologist QC's images in PACS,																				
105	CA030	Technologist QC's images in PACS,																	2			
106	CA030	Technologist QC's images in PACS,																				
107	CA030	Technologist QC's images in PACS,			2		2		2		2				3		3					
108	CA031	Review examination with interpreting																	2			
109	CA031	Review examination with interpreting																				
110	CA031	Review examination with interpreting																				
111	CA031	Review examination with interpreting																				
112	CA031	Review examination with interpreting							2		2				2		2					
113	CA032	Scan exam documents into PACS.																				
114	CA032	Scan exam documents into PACS.																	1			
115	CA032	Scan exam documents into PACS.																				
116	CA032	Scan exam documents into PACS.																				
117	CA032	Scan exam documents into PACS.			1		1		1		1				1		1					
118	CA033	Perform regulatory mandated quality																				
119	CA034	Document procedure (nonPACS) (e.g.																				
120	CA035	Review home care instructions,	6						2				6						2			
121	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
122																						
123																						
124																						
125		*Other activity: please include short*																				
126		*Other activity: please include short*																				
127		*Other activity: please include short*																				
128		**End: Patient leaves office**																				
129		**POST-SERVICE PERIOD**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
3		***RUC Collaboration Website***	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) October 2015		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation April 2017		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
130		**Start: Patient leaves office/facility**																				
131	CA037	Conduct patient communications																				
132	CA038	Coordinate post-procedure services																				
146		**End: with last office visit before end of global period**																				

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet - REVISED at MEET		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED		CURRENT		CURRENT		S		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	10022		77002		77002		10007		+10008		10022		77012		77012		10009		+10010	
3		RUC Collaboration Website	Fine needle aspiration; with imaging guidance		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)		Fine needle aspiration; with imaging guidance		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation		Fine needle aspiration biopsy, including CT guidance; first lesion		each additional lesion (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE			October 2015										April 2017							
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ
7		TOTAL CLINICAL STAFF TIME	47	0	29	0	29	0	82	0	45	0	47	0	36	0	36	0	98	0	50	0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME							4													
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME																	4			
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME																				
12		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4		4								3		3					
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	47	0		0		0	22	0	45	0	47	0	1	0	1	0	26	0	50	0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
15		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																	68			
16		TOTAL SERVICE PERIOD CLINICAL STAFF TIME																				
17		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			25		25		56						32		32					
18		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
19		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
20		TOTAL POST-SERVICE CLINICAL STAFF TIME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		TOTAL POST-SERVICE CLINICAL STAFF TIME																				
147	Medical Supply Code	MEDICAL SUPPLIES																				
148		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 45.47	$ -	$ 4.75	$ -	$ 4.75	$ -	$ 60.30	$ -	$ 26.11	$ -	$ 45.47	$ -	$ 4.67	$ -	$ 4.67	$ -	$ 55.91	$ -	$ 26.11	$ -
149	SA048	pack, minimum multi-specialty visit																				
150	SA061	tray, biopsy procedure	1						1				1						1			
151	SB001	cap, surgical							3										3			
152	SB004	cover, thermometer probe	1						1				1						1			
153	SB005	cover-condom, transducer or ultrasound probe																				
154	SB008	drape, sterile, c-arm, fluoro			1		1		1						1		1					
155	SB012	drape, sterile, for Mayo stand							1										1			
156	SB014	drape, sterile, three-quarter sheet							1										1			
157	SB019	drape-towel, sterile 18in x 26in							2										2			
158	SB022	gloves, non-sterile	1		1		1		1				1						1			
159	SB024	gloves, sterile	2						2				2						2			
160	SB026	gown, patient	1						1				1						1			
161	SB027	gown, staff, impervious							2										2			
162	SB030	lab coat, staff	2										2									
163	SB033	mask, surgical	1										1									
164	SB034	mask, surgical, with face shield							2										2			
165	SB039	shoe covers, surgical							3										3			
166	SB044	underpad 2ft x 3ft (Chux)							1										1			
167	SC022	Mammotome probe guide																				
168	SC029	needle, 18-27g																				
169	SC101	ultrasound needle																				
170	SC035	needle, Chiba	2						3		3		2						3		3	
171	SC051	syringe 10-12ml	3						2		3		3						2		3	
172	SD086	grids																	1			
173	SG021	bandage, strip 0.75in x 3in (Bandaid)									1										1	
174	SG037	dressing, 4in x 4.75in (Tegaderm)																				
175	SG056	gauze, sterile 4in x 4in (10 pack uou)																				
176	SH030	Emla cream																				
177	SJ029	ice pack, instant																				
178	SJ033	lubricating jelly (Surgilube)																				
179	SJ041	povidone soln (Betadine)	10								10		10								10	
180	SJ053	swab-pad, alcohol	4						1				4						1			

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
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4	**Clinical Activity Code**	**Meeting Date: October 2017** **Tab: 4** **Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
181	SJ089	ultrasound transmission gel, sterile (single use)																				
182	SK062	patient education booklet	1										1									
183	SL036	cup, biopsy-specimen sterile 4oz																				
184	SL071	fixative spray																				
185	SL120	slide container (for 20 microscope slides)																				
186	SL122	slide, microscope																				
187	SL154	alcohol ethyl 100%																				
188	SL180	phosphate buffered saline (PBS)																				
189	SM012	disinfectant spray (Transeptic)							10										10			
190	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1								1		1					
191	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0										0									
192	SM021	sanitizing cloth-wipe (patient)																				
193	NEW	MREYE CHIBA BIOPSY NEEDLE																				
194																						

	A	B	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet - REVISED at MEET**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**		**CURRENT**		**CURRENT**		**S**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**10022**		**77002**		**77002**		**10007**		**+10008**		**10022**		**77012**		**77012**		**10009**		**+10010**	
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4	**Clinical Activity Code**	**Meeting Date: October 2017 Tab: 4 Specialty: ACR, SIR, AAOHNS, ES, ASC, CAP, AACE**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL CLINICAL STAFF TIME**	**47**	**0**	**29**	**0**	**29**	**0**	**82**	**0**	**45**	**0**	**47**	**0**	**36**	**0**	**36**	**0**	**98**	**0**	**50**	**0**
8		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*							*4*													
9		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
10		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																	*4*			
11		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*																				
12		*TOTAL PRE-SERVICE CLINICAL STAFF TIME*			*4*		*4*								*3*		*3*					
13		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*	*47*	*0*		*0*		*0*	*22*	*0*	*45*	*0*	*47*	*0*	*1*	*0*	*1*	*0*	*26*	*0*	*50*	*0*
14		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
15		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																	*68*			
16		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*																				
17		*TOTAL SERVICE PERIOD CLINICAL STAFF TIME*			*25*		*25*		*56*						*32*		*32*					
18		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
19		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
20		*TOTAL POST-SERVICE CLINICAL STAFF TIME*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
21		*TOTAL POST-SERVICE CLINICAL STAFF TIME*																				
197	**Equipment Code**	**EQUIPMENT**																				
198		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.06**	**$ -**	**$ 31.20**	**$ -**	**$ 31.20**	**$ -**	**$ 64.28**	**$ -**	**$ 29.59**	**$ -**	**$ 0.06**	**$ -**	**$ 139.42**	**$ -**	**$ 139.42**	**$ -**	**$ 208.04**	**$ -**	**$ 123.66**	**$ -**
199	EF023	table, exam																				
200	ED050	PACS Workstation Proxy			25		25		49		25				32		32		55		25	
201	ED053	Professional PACS Workstation							32		20				43		43		42		25	
202	EL007	room, CT													28		28		42		25	
203	EL008	room, MR																				
204	EL014	room, radiographic-fluoroscopic			22		22		44		20											
205	EQ250	ultrasound unit, portable																				
206	EF015	mayo stand	47						44		20		47						52		25	
207																						
208		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

January 2020

Modified Radical Mastectomy – Tab 22

The Relativity Assessment Workgroup identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. The RUC recommended these services, including 19307, be surveyed for January 2020.

19307 ***Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle***
The RUC reviewed the survey results from 89 breast and general surgeons and recommends: 40 minutes of pre-service evaluation time, 10 minutes for pre-service positioning time, 15 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 30 minutes for immediate post-time, 0.5 99238, 1-99214 and 3-99213. The RUC noted that the current times for this service are over 25 years old from the Harvard study and may include data elements for visits that are flawed. During the initial Harvard study, only time were surveyed for postoperative work; data on the number and level of hospital and office post-operative visits were not collected. The hospital total time was estimated at 56 minutes and the office visit total time was estimated at 76 minutes. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm in 1997 several years after the original Harvard study. The specialties provided information that the Harvard times do not line up with the subsequent visits assigned by algorithm. The specialties noted that the total CY2020 time for 1 x 99231 on the day of the procedure and 1 x 99238 the next day equals 58 minutes. This would mean that there is no difference in time from the original Harvard study estimated time of 56 minutes. Similarly, the total CY2020 time for 1 x 99214 and 3 x 99213 equals 109 minutes, which is more than the Harvard study time of 76 minutes for office work. This is the first time the RUC has had the opportunity to review the hospital and office visits for code 19307 and the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best.

The RUC also discussed whether reconstruction would typically be performed at the same operative session. The specialties noted that it would be rare for breast reconstruction to be performed by a plastic surgeon immediately following the radical mastectomy with axillary lymphadenectomy as these patients will likely still need additional radiation treatment.

CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as *23-hour stay outpatient services*. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (e.g., 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intra-service portion of the typically

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performed subsequent hospital visit to the immediate post-service time of the procedure. If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. Survey code 19307 meets all of these criteria, as the 2018 Medicare claims data shows that 19307 was performed 73 percent of the time in the hospital outpatient setting, 97 percent of survey respondents indicated their typical patient stays overnight and survey respondents indicated that a same-day 99231 hospital visit is typical. Therefore, it is appropriate to add 10 minutes of time (the intra-service time of 99231) to the immediate postoperative survey time of 20 minutes resulting in 30 minutes of immediate postoperative time.

The RUC reviewed the survey 25th percentile work RVU of 17.99 and agreed that this value appropriately accounts for physician work involved when performing this service. The RUC compared the survey code to CPT code 19303 *Mastectomy, simple, complete* (work RVU =15.00, intra-service time = 90 minutes, total time = 283 minutes) which was recently reviewed by the RUC (2016) and CMS (2018). The RUC noted that the survey code involves much more intra-service and total time than 19303. The RUC agreed with the presenting specialties that the survey code compares most closely to 19303 as it is essentially the work of 19303 plus a lymphadenectomy... The additional time and additional office visit for 19307 are related to the additional work of the axillary lymph node dissection which adds complexity to the procedure and requires additional care of drains, wounds, seromas, and lymphedema. The additional pre-operative time is primarily related to additional positioning. The RUC noted that the reference code also has one 99214 post-operative visit that was recommended by the RUC and approved by CMS for CY2018, supporting the RUC's recommendation for one 99214 for CPT code 19307. At this visit for both codes, there is extensive time required for reviewing pathology reports and counseling the patient on further necessary treatment options, in addition to wound and drain care. To support the recommendation for 19303, the RUC compared the survey code to CPT code 67113 *Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens* (work RVU= 19.00, intra-service time of 120 minutes, total time of 348 minutes) and noted that both services have identical intra-service times and very similar total times. The RUC agreed that the intraoperative intensity of 67113 and 19303 is similar Furthermore, the RUC compared the survey code to MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU= 21.16, intra-service time of 120 minutes, total time of 404 minutes) and noted that although both codes involve identical intra-service time, the reference code involves much more total time, supporting a lower value for the survey code. **The RUC recommends a work RVU of 17.99 for CPT code 19307.**

Practice Expense

The Practice Expense Subcommittee removed the desktop computer that was proposed by the specialties, as the computer would not be solely dedicated to the performance of this service**. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Work Neutrality

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The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090	17.99

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:19307 Tracking Number Original Specialty Recommended RVU: **17.99**
Presented Recommended RVU: **17.99**
Global Period: 090 Current Work RVU: **18.23** RUC Recommended RVU: **17.99**

CPT Descriptor: Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with invasive ductal carcinoma in the breast and lymph nodes and no evidence of distant disease undergoes a modified radical mastectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 3% , Overnight stay-less than 24 hours 85% , Overnight stay-more than 24 hours 12%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 90%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Appropriate selection, timing, and administration of DVT prophylaxis is ensured. Orders for preoperative medications are written, including beta blockers, if indicated. Results of preadmission testing (laboratory, ECG, chest X ray) are reviewed. Preadmission work-up is reviewed, with particular attention to imaging films and pathology and imaging reports. The patient is reexamined to make sure that physical findings have not changed. The history and physical exam are updated. Planned procedure and postoperative management are reviewed with the patient and family. The site and side of proposed skin incisions are marked and confirmed with patient. Informed consent is reviewed and obtained from the patient, including witness. Length and type of anesthesia are reviewed with the anesthesiologist. Availability of all required instruments and supplies is ensured. Assistance is provided in transfer of the patient from gurney to operating table. Assistance is provided with positioning the patient in a supine position with a thin sandbag under the ipsilateral scapula to facilitate axillary lymph node dissection (ALND) by pushing the posterior wall and floor of the axilla anteriorly. The ipsilateral upper limb is draped separately in order to keep it free for adduction of the arm that may be required during ALND to relax and retract the pectoralis major for dissection of lymph nodes. The position of the extremities and head are assessed and adjusted as needed, with appropriate arm positioning to prevent abnormal joint extension, nerve traction or pressure on bony landmarks. Assistance is provided to anesthesia team with line placement and induction of anesthesia and intubation. Urinary catheter is inserted, when indicated. Areas of skin to be prepared and draped are indicated. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, an incision encompassing the nipple areolar complex and an ellipse of skin with a margin of at least 2 cm from the tumor is made. The incision extends from the lateral sternal edge to the anterior axillary line. The incisions are made based on previous markings to achieve optimal cosmetic or reconstructive results. The skin and subcutaneous tissues are sharply divided. Hemostasis is secured with fine sutures, ligatures, and/or electrocautery. Sharp dissection is used to create skin flaps. Throughout this dissection, close attention is paid to thickness of the flaps as well as viability of the flaps. Dissection is carried out to the level of the superficial mammary fascia to the limits of the clavicle, lateral border of the sternum, insertion of the rectus fascia, and latissimus dorsi tendon. The breast is dissected from underlying pectoralis major muscle fibers, including the deep fascia in continuity with the specimen. During this process, close attention is paid to inspection of the deep margin, as any suspicious findings may require resection of superficial muscle fibers to achieve a definitive final pathologic margin. The clavipectoral fascia is incised to expose the axilla, which is examined for suspicious adenopathy. Meticulous attention is paid to identifying and preserving the

thoracodorsal and long thoracic nerves, as injury to these can result in permanent debilitating deformity. The breast is dissected from its remaining attachments along the serratus anterior fascia. The adduction of the ipsilateral arm relaxes the pectoralis major muscle and allows the retraction of pectoralis minor muscle laterally to aid in the axillary dissection. The intercostobrachial nerves are identified and preserved if not directly involved by cancer. Care is taken to stay below the superior most intercostobrachial nerves when dissecting in order not to interfere with the lymphatic drainage of the upper extremity and sacrificing this nerve would lead to an hypoesthesia on the medial aspect of the upper arm. In cases where clinically positive lymph nodes are present above the intercostobrachiales nerve, then careful dissection is additionally carried out to remove all grossly positive nodes. The dissection continues with removal of all fibro-lymphatic tissue between the lateral thoracic vessels out to the thoracodorsal pedicle and tendon of the latissimus dorsi muscle. The specimen is carefully marked using sutures and/or other labeling techniques to definitively orient the specimen for the pathologist. The operative site is examined for meticulous hemostasis and irrigated copiously with antibiotic solution. Drains are inserted through separate stab incisions in the inferior skin flap and axilla and secured to the skin. An instrument, needle, sponge, and lap-pad count is conducted. Subcutaneous sutures are placed where appropriate to eliminate dead space. Flaps are reinspected for viability, and any areas are trimmed, as necessary. Skin edges are reapproximated using interrupted and running subcuticular suture.

Description of Post-Service Work: Immediate postop: Sterile dressings are applied and the arm is positioned at the patients side with the elbow bent and the hand pointing across or cephalically to prevent tension on the wounds in the axilla and skin flaps. Assistance is provided in transfer of patient from operating table to gurney, maintaining the position of the arm and shoulder. Transport of patient from the OR to the recovery room is monitored. Postoperative recovery care is discussed with anesthesia and nursing staff. Nursing staff is instructed in care of drains and tubes. Procedure and outcome are discussed with family in waiting area, including results of any frozen sections, if available. A brief operative note and/or a postoperative note is written in the recovery area. An operative report is dictated, and a copy is sent to the referring physician(s). The patient is discharged from the recovery room. Patient-care orders are written, and floor care is discussed with nursing staff.

Later on the day of surgery: Interval chart notes are reviewed. The surgeon has a discussion with patient and family. Drain output is assessed. The dressings are removed and the flaps are evaluated for viability and checked for evidence of developing hematoma, when indicated. The extremity is assessed for edema, circulation, sensation, and motor function. The wounds are redressed. Pain score is assessed. DVT prophylaxis is continued and need for beta blocker is assessed and ordered as required. The need for antibiotics is assessed, and antibiotics are ordered as required. Orders for patient activity are written. Patient progress notes are charted. Patient and family questions are answered. Nursing and/or other staff questions are answered.

Next day discharge management: Interval chart notes are reviewed. The surgeon has a discussion with patient and family. Dressings are taken down. The dressings are removed and the flaps are evaluated for viability and possible developing hematoma. Drain output is assessed. Extremity is assessed for edema, circulation, sensation, and motor function. The wounds are redressed. Pain score is assessed. Home restrictions (eg, diet, activity, bathing) are discussed with patient and family members. Wound care and drain care and management is reviewed. Medications are reconciled, and orders for discharge medications are written. All appropriate medical records are completed, including day-of-discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office visits: Interval chart notes are reviewed. Dressings, when present, are taken down at each visit. Flaps are evaluated for viability, and the wounds are inspected for infection and developing fluid collections. Drain output, when drains are still placed, is assessed. Sutures and drains will be removed, when appropriate, but not typically at the same office visit. Seromas which typically form after drain removal, will be aspirated. The extremity is assessed for edema, circulation, sensation, and motor function, at each visit. The wounds and drains are redressed, as appropriate. Pain score is assessed at each visit, and medication is ordered, as necessary. Patient and family questions are answered, and instructions on continued care of the wounds and drains, activity, and bathing are reinforced. Progress notes are entered into the medical record. Pathology findings and marker studies and possible genomic analysis are reviewed with the patient and family when available. The need for postoperative adjuvant chemotherapy, post-mastectomy radiation, and/or hormonal therapy is discussed with the patient and family based on the pathology findings. Progress is discussed with medical and radiation oncologists if adjuvant therapy was indicated and any other physicians involved in care of the patient and documents are prepared for transmission to their offices with a copy to update the PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Walton Taylor, MD, FACS; Richard Fine, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS					
Specialty Society(ies):	American Society of Breast Surgeons; American College of Surgeons,					
CPT Code:	19307					
Sample Size:	2150	**Resp N:**	89			
Description of Sample:	ASBrS: random selection from membership database ACS: random selection from members self-designated as general surgeons					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**9.00**	18.00	80.00
Survey RVW:	15.00	17.99	**19.85**	22.00	35.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	68.00	90.00	**120.00**	150.00	255.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**109.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	19307	**Recommended Physician Work RVU: 17.99**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	109.00	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22905	090	21.58	**RUC Time**

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19303	090	15.00	**RUC Time**

CPT Descriptor Mastectomy, simple, complete

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	8,883

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	37,362

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 33.7 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 19.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 19307	Top Key Reference CPT Code: 22905	2nd Key Reference CPT Code: **19303**
Median Pre-Service Time	65.00	63.00	58.00
Median Intra-Service Time	120.00	150.00	90.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	80.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	109.0	102.00	86.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**343.00**	**463.00**	**283.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	37%	50%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	37%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	33%	63%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	18%	47%	35%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	6%	94%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	6%	94%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 19307 was identified by the RAW as a service performed less than 50% of the time in the inpatient setting that included inpatient hospital E/M service codes and also had 2018e Medicare utilization over 5,000. An Action Plan was not requested and instead the RAW recommended code 19307 be surveyed for the January 2020 RUC meeting. The ASBrS and ACS volunteered to survey this code.

Recommendation

We recommend the survey 25th percentil work RVU of 17.99.

Supporting Evidence for Value

Compelling evidence is not required as we are recommending a value below the current work RVU, however, it is important to note that code 19307 is a Harvard-valued code. During the initial Harvard study, only time (not hospital or office visits) was surveyed. As shown in the table below, the hospital total time was estimated at 56 minutes and the office visit total time was estimated at 76 minutes. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first survey of hospital and office visits for code 19307 that the RUC has had the opportunity to review.

cpt	desc	pack	ph	sp	pret	positt	scrubt	intrat	sdpot	acut	offppt
CPT	DESCRIPTOR	Hvd Pack	Hvd PH	Hvd SP	Prep Eval Time	Posit Time	Dress Wait Time	INTRA TIME	Postop Time	HV total Time	Off total Time
19307	Removal of breast	090	n	gs	37	0	25	104	31	56	76

March 1992, Preliminary Phase 3D data. William C. Hsiao, Peter Braun, Daniel Dunn, Edmund Becker, Nancy L. Kelly, Douwe B. Yntema

It is obvious that the Harvard times do not line up with subsequent visits assigned by algorithm. Consider that the total CY2020 time for 1 x 99231 on the day of the procedure and 1 x 99238 the next day equals 58 minutes. This would mean that there is no difference in time from the original Harvard study. Similarly, the total CY2020 time for 1 x 99214 and 3 x 99213 equals 109 minutes, which is more than the Harvard study time of 76 minutes for office work.

Further, we note that the typical patient in 1992 and the current typical will be "admitted" to a surgical floor, which we contend is "inpatient." The only difference now is that CMS facility status for such patients is considered outpatient unless the patient remains in the hospital for two midnights and/or meets certain facility related requirements (eg, IV fluid needs). Even though considerable work is necessary later on the same day and considerable work to evaluate and discharge the patient the next day is performed, CMS has established a policy to discount both the work and time for these activities. This is distinctly different from reporting care for a medical patient in the hospital, where there is no discounting of visits or discharge code whether the patient is inpatient, outpatient, or observation.

We believe that the postoperative times estimated by Harvard and used to value 19307 were incorrect or underestimated the actual visits and times. A second consideration for the RUC is the CMS contemporary policy that artificially increases the IWPUT by removing work RVUs and assigning time to the immediate postoperative time category at an intensity of 0.0224, instead of valuing the post-operative time for the E/M visits at their correct intensity values (ie, 99231 IWPUT is 0.0536).

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Recommend package time of 40 minutes.

Positioning time: Additional 7 minutes (total = 10 minutes) to assist with positioning the patient in a supine position with a thin sandbag under the ipsilateral scapula to facilitate axillary lymph node dissection (ALND) by pushing the posterior wall and floor of the axilla anteriorly; separately drape the ipsilateral upper limb in order to keep it free for adduction of the arm that may be required during ALND to relax and retract the pectoralis major for dissection of lymph nodes; adjust the position of the extremities and head as needed, with appropriate arm positioning to prevent abnormal joint extension, nerve traction or pressure on bony landmarks; pad bony prominences as needed; assist anesthesia team with line placement to ensure operative field is accessible; and indicate areas of skin to be prepared and draped.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b is selected with the following modifications: (1) subtract 13 minutes to be consistent with the survey median; and (2) add 10 minutes per CMS 23-hour stay policy regarding visits on the day of a procedure that is assigned facility outpatient status[1]. The final total time recommended is 30 minutes [33-13+10].

Discussion of Postoperative Office Visits

POV 1 (99213): Interval chart notes are reviewed. Dressings are taken down. Flaps are evaluated for viability and the wounds are inspected for infection and developing fluid collections. Drain output is assessed. Seroma(s), if present are aspirated. Extremity is assessed for edema, circulation, sensation, and motor function. The wounds and drains are redressed. Pain score is assessed, and medication is ordered, as necessary. Patient and family questions are answered, and instructions on continued care of the wounds and drain care are reinforced. Restrictions on activity and need for future physical therapy is discussed. Progress notes are entered into the medical record and sent to any other physicians involved in care of the patient sent with a copy sent to update the PCP.

POV 2 (99214): Interval chart notes are reviewed. Dressings are taken down. Flaps are evaluated for viability and wounds are inspected for infection and developing fluid collections. Drain output is assessed. Wound sutures are typically removed at this visit and possibly one drain may be removed based on output. Seroma(s), if present, are aspirated. The extremity is assessed for edema, circulation, sensation, and motor function. The wound and drain(s) is redressed. Pain score is assessed, and medication is ordered, as necessary. Pathology findings and marker studies and possible genetic analysis are reviewed with the patient and family. Need for postoperative adjuvant chemotherapy, post-mastectomy radiation, and/or hormonal therapy is discussed based on the pathology findings. Patient and family questions are answered, and instructions on continued wound care, activity, bathing, and drain care are reinforced. Progress notes are entered into the medical record. Pathology findings, marker studies and possible genetic analysis are reviewed with the referring physician(s) and appropriate consultants. The case and patient progress is discussed with the oncologist and radiation oncologist, as indicated, and documents are prepared for transmission to their offices with a copy to update the PCP

POV 3 (99213): Interval chart notes are reviewed. Dressings are taken down. Flaps are evaluated for viability and wounds are inspected for infection and developing fluid collections. Typically the second drain is removed at this visit, although it could also be both drains removed. Seromas, which develop as the wounds heal and/or after drain removal, are aspirated, as required. The extremity is assessed for edema, circulation, sensation, and motor function. The wounds are redressed, as necessary. Physical therapy is discussed with the patient and is ordered to assist with range of motion recovery and prevent lymphedema. Pain score is assessed, and medication is ordered, as necessary. Patient and family questions are answered, and instructions on activity is reinforced. Progress notes are entered into the medical record. Progress is discussed with medical and radiation oncologists if adjuvant therapy was indicated and any other physicians involved in care of the patient and documents are prepared for transmission to their offices with a copy to update the PCP.

POV 4 (99213): Interval chart notes are reviewed. Flaps are evaluated for viability and wounds are inspected for infection and developing fluid collections. Seromas, which develop as the wounds heal and/or after drain removal, are aspirated, as required. The extremity is assessed for circulation, sensation, and motor function. Careful assessment for signs of lymphedema is performed, as well as delayed reduction in range of motion of the ipsilateral arm. Physical therapy progress is assessed and orders modified as needed. Pain score is assessed, and medication is ordered, as necessary. Patient and family questions are answered, and instructions on activity and physical therapy are reinforced. Progress notes are entered into the medical record. Progress is discussed with medical and radiation oncologists if adjuvant therapy was indicated and any other physicians involved in care of the patient and documents are prepared for transmission to their offices with a copy to update the PCP.

Key Reference Code Comparison

[1] CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.
If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation.

Code 19303 most closely compares to 19307. The additional time and additional office visit for 19307 are related to the additional work of the ALND which adds complexity to the procedure and requires additional care of drains, wounds, seromas, and lymphedema. The additional preoperative time is primarily related to additional positioning.

Code 22905 is similar to 19307 in that a tumor is being removed, however, the dissection and tumor resection for 22905 is less complex than a mastectomy with lymph node dissection, which requires careful attention to incisions and flaps with respect to cosmetic outcome. Therefore, the slight difference in IWPUT between the codes is justified.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99214	99213	99212
19303	Mastectomy, simple, complete	15.00	0.102	283	58	90	30			0.5	1	2	
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	17.99	0.092	343	65	120	30			0.5	1	3	
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	21.58	0.078	463	63	150	30	1	2	1.0	1	2	1

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99238	99214	99213
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	17.75	0.106	337	80	103	30		1	1.0		2
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	17.99	0.092	343	65	120	30			0.5	1	3
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	21.16	0.104	404	75	120	30	1	1	1.0		2

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 19307

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,383
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty general surgere Frequency 5600 Percentage 87.73 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 19307

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Modified Radical Mastectomy
TAB: 22

					RVW					Total	PRE			INTRA					POST				POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	32	31	38	39	15	14	13	12	11
REF1	22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	30	0.078			####			463	40	3	20			150			30	1	2	1.0			1	2	1		
REF2	19303	Mastectomy, simple, complete	17	0.102			####			283	40	3	15			90			30			0.5			1	2			
HVD	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle		0.066			####			442	37	0	25			104			31		4	1.0				6			
SVY	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	89	0.098	####	####	####	####	####	372	40	10	15	68	90	120	150	255	20		1	1.0			1	3			
REC	**19307**	**25th pctl**		**0.092**			**####**			**343**	**40**	**10**	**15**			**120**			**30**			**0.5**			**1**	**3**			

FACILITY DIRECT PE INPUTS **CPT CODE(S): 19307**
SPECIALTY SOCIETY(IES): ASBrS, ACS
PRESENTER(S): Walton Taylor, MD, FACS; Richard Fine, MD, FACS; Charles Mabry, MD, FACS; Nader Massarweh, MD, FACS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2020

CPT Code	Long Descriptor	Global Period
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
19307	A 68-year-old female with invasive ductal carcinoma in the breast and lymph nodes and no evidence of distant disease undergoes a modified radical mastectomy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The ASBrS and ACS advisors reviewed and updated the PE details for code 19307 to be consisted with current standard practice.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   The current code 19307 is the reference code.

3. Is this code(s) typically reported with an E/M service?
   No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:
   N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:
   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, reviews patient medical status and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions and care of drains. Confirmation of discharge antibiotics if needed, and pain medication. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

c. Post-service period:

Note: Wound healing for patients who undergo modified radical mastectomy with axillary lymph node dissection is significantly variable, but is the most recurrent postoperative difficulty. There will always be at least two drains placed at surgery and typically they are not removed at the same time; one may be removed with wound suture removal, or the wound suture removal may be performed separately prior to drain removal, or the wound suture removal may be partially removed at two different visits. Similarly, seroma formation is typical, but more likely occurs after wound suture removal or drain removal.

Clinical staff work: At each postoperative office visit, the clinical staff will assist the surgeon to obtain a detailed interval history and physical examination, reconcile medication, order and review labs. Clinical staff will also assist with removal of dressings, removal of sutures and drains when appropriate and aspiration of seromas which typically occur, redress wounds, and answer patient/family questions at face-to-face visits and electronically between visits. Clinical staff will also coordinate transferring and receiving information from other physicians involved in the patient's care (medical oncologists, radiation oncologist, possibly plastic surgery).

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

FACILITY DIRECT PE INPUTS **CPT CODE(S): 19307**
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
kit, suture removal	**SA031**	**kit**		**1.347**
scissors, disposable		item	1	
forceps, disposable		item	1	
gauze, sterile 4in x 4in		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

~~ED021~~	~~computer, desktop, w-monitor~~

~~a. Breast surgeon and general surgeon offices will have free-standing computers or laptops in every exam room. They may also have a cart or wall mounted high resolution monitor with keyboard and mouse that is hardwired to a central server. We have chosen ED021 and note that there is no way to determine the typical equipment item in offices around the country. A computer, however, is mandatory~~

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

~~for patient-related clinical work: reviewing imaging, labs, chart notes, medications, orders, physician and patient electronic communications, etc at every patient visit and between visits, both face-to-face with patient and at non-face-to-face times. A computer (with internet access) is also necessary for surgical risk calculation, literature research if necessary, quality program entries, etc.~~

~~b. The computers located in the exam and procedure rooms are used exclusively for the patient in the room. The computers located at the physician/QHP office desks or central pods can be used before or after any patient encounter (face-to-face or digital). Note that these computers are not used for administrative purposes as that is almost always a distinct department within or outside the office.~~

~~c. Most surgeon's offices have software for surgical risk calculation that can either be downloaded to the CPU or accessed online. PAC software is also accessible from the computers for image review. We do not have any way to know the typical scenario.~~

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

Code	Desc	Formula	Time	Notes
EF023	table, exam		0	Delete and replace with power table which is typical for a general or breast surgeon's office.
EF031	table, power	Office Visits	161	Time is equal to total office visit time. =J92
EF014	light, surgical	Office Visits	161	Time is equal to total office visit time. A surgical light will be used for wound and drain check/removal and for seroma aspiration. =J92
~~ED021~~	~~computer, desktop, w-monitor~~	~~Office Visits~~	~~161~~	~~Time is equal to total office visit time. =J92~~
EF015	mayo stand	Office Visits	125	Time is equal to 3 office visits at which drains and sutures will be removed and seromas will be aspirated. (=1 x 99214 plus 2 x 99213)

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

row	code	description		Cur	Rec	notes
102	SA048	pack, minimum multi-specialty visit	pack	6.0	4	Required at each visit
		paper, exam table, foot, 7				
		gloves, non-sterile, pair, 2				
		gown, patient, item, 1				
		pillow case, item, 1				
		cover, thermometer probe, item, 1				

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

row	code	description		Cur	Rec	notes
103	SB006	drape, non-sterile, sheet 40in x 60in	item	5.5	4	Patient gown will be partially removed during exam/procedures and this drape will assist with covering for modesty and warmth.
104	SB024	gloves, sterile	pair		8	POV 1: 1 pair (MD) for dressing change and wound check POV2: 1 pair (MD) for dressing change and wound check POV 3: 2 pair (MD&staff) for drain and/or suture removal – then change gloves – 2 pair (MD&staff) for seroma aspiration POV 4: 2 pair (MD&staff) for seroma aspiration
105	SB028	gown, surgical, sterile	item		2	POV 3: 1 (MD) for drain and/or suture removal and seroma aspiration POV 4: 1 (MD) for seroma aspiration
106	SA031	kit, suture removal	kit		2	One drain and some sutures that are not at tension areas may be removed at one visit and the second drain and remaining sutures removed at a separate later visit. Or sutures may be removed at one visit and both drains at a separate later visit. This is extremely variable; for example, based on patient habitus, wound healing, development of seromas. Even if both drains and all sutures are removed at one visit, separate instruments will be used for removal of drains versus removal of wound sutures.
		scissors, disposable, item, 1				
		forceps, disposable, item, 1				
		gauze, sterile 4in x 4in, item, 1				
107	SA052	pack, post-op incision care (staple)	pack	1	0	**Delete** – staples not typical. Replaced with suture removal kit.
108	SJ043	povidone swabsticks (3 pack uou)	item		2	POV 3: 1 prior to seroma aspiration POV 4: 1 prior to seroma aspiration
109	SJ041	povidone soln (Betadine)	ml	20	0	**Delete** – swabsticks are more common
110	SJ053	swab-pad, alcohol	item	4	2	POV 3: swab top of multidose lidocaine prior to withdrawing injectate POV 4: swab top of multidose lidocaine prior to withdrawing injectate
111	SH047	lidocaine 1%-2% inj (Xylocaine)	ml	8	10	POV 3: 5 ml prior to seroma aspiration POV 4: 5 ml prior to seroma aspiration
112	SC029	needle, 18-27g	item	2	6	POV 3: 1x18g sterile needle to draw lidocaine, change to sterile 1x27g needle to inject lidocaine. Separate 1x18g (or lower) needle for seroma aspiration POV 4: 1x18g sterile needle to draw lidocaine, change to sterile 1x27g needle to inject lidocaine. Separate 1x18g (or lower) needle for seroma aspiration
113	SC051	syringe 10-12ml	item	2	2	POV 3: 1 for lidocaine injection POV 4: 1 for lidocaine injection

FACILITY DIRECT PE INPUTS **CPT CODE(S): 19307**
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

row	code	description		Cur	Rec	notes
114	SC056	syringe 50-60ml	item		2	POV 3: 1 for seroma aspiration POV 4: 1 for seroma aspiration
115	SC053	syringe 20ml	item	2	0	**Delete** – more common syringe used for seroma aspiration will be 60 ml
116	SJ010	basin, emesis	item	2	2	POV 3: used on mayo stand for contaminated supplies related to suture/drain removal and seroma aspiration POV 4: used on mayo stand for contaminated supplies related to suture/drain removal and seroma aspiration
117	SB012	drape, sterile, for Mayo stand	item		3	POV 2: hold supplies for drain/suture removal POV 3: hold supplies for drain/suture removal and aspiration of seroma POV 4: hold supplies for aspiration of seroma
118	SG055	gauze, sterile 4in x 4in	item	16	30	POV 1: for redressing - 2 for each of 2 drains, one wrapped around drain and one to hold down drain; plus 4 to cover wounds (total 8) POV 2: for redressing - 2 for each of 2 drains, one wrapped around drain and one to hold down drain; plus 4 to cover wounds (total 8) POV 3: 1 per drain during removal (=2) plus 4 related to aspiration plus 1 to dress each drain site (=2) and 1 to dress aspiration site (total 9) POV 4: 4 related to aspiration and 1 to dress aspiration site (total 5)
119	SG079	tape, surgical paper 1in (Micropore)	inch	24	96	***assume 6 inch per gauze dressing*** POV 1: for redressing - one to hold down drain; plus 4 to cover wound (**36 in for 6 gauze**) POV 2: for redressing - one to hold down drain; plus 4 to cover wound (**36 in for 6 gauze)** POV 3: one for each drain removal site; plus 1 to cover aspiration site (**18 in for 3 gauze**) POV 4: 1 to cover aspiration site (**6 in for 1 gauze**)
120	SC049	stop cock, 3-way	item	2	0	**Delete** – this item is related to aspiration of a seroma and is variable in it's use (eg, used all the time by some surgeons, sometimes for other surgeons). Typicality cannot be determined.
121	SF033	scalpel with blade, surgical (#10-20)	item	1	0	**Delete** – although it occurs, our expert panel believes that wound dehiscence related to drains is no longer typical
122	SF036	suture, nylon, 3-0 to 6-0, c	item	1	0	**Delete** – although it occurs, our expert panel believes that wound dehiscence related to drains is no longer typical, nor is there a need to typically resuture a drain that has become dislodged

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

All text and time related to ED012 (computer) were removed from the recommendation based on recent Practice Expense Subcommittee rules related to inclusion of computers as direct practice expense items.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**19307**		**19307**	
3		***RUC Collaboration Website***				Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis		Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis	
4	**Clinical Activity Code**	**Meeting Date: 01-2020** **Revision Date (if applicable): 01-16-2020** **Tab: 22** **Specialty: ASBrS, ACS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 141.31**	**$ -**	**$ 134.89**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**270.0**	**0.0**	**227.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**198.0**	**0.0**	**161.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 99.90**	**$ -**	**$ 83.99**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**	**6**
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36				5.5		3
90		99214 53 minutes	53						1
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**198.0**	**0.0**	**161.0**
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**19307**		**19307**	
3		***RUC Collaboration Website***				Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis		Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis	
4	**Clinical Activity Code**	**Meeting Date: 01-2020** **Revision Date (if applicable): 01-16-2020** **Tab: 22** **Specialty: ASBrS, ACS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 141.31**	**$ -**	**$ 134.89**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**270.0**	**0.0**	**227.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**198.0**	**0.0**	**161.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 38.81**	**$ -**	**$ 47.15**
102	SA048	pack, minimum multi-specialty visit	3.0815	pack			6.0		4
103	SB006	drape, non-sterile, sheet 40in x 60in	0.176	item			5.5		4
104	SB024	gloves, sterile	0.875	pair					8
105	SB028	gown, surgical, sterile	4.9005	item					2
106	SA031	kit, suture removal	1.347	kit					2
107	SA052	pack, post-op incision care (staple)	4.928	pack			1		
108	SJ043	povidone swabsticks (3 pack uou)	0.4445	item					2
109	SJ041	povidone soln (Betadine)	0.137	ml			20		
110	SJ053	swab-pad, alcohol	0.0265	item			4		2
111	SH047	lidocaine 1%-2% inj (Xylocaine)	0.0475	ml			8		10
112	SC029	needle, 18-27g	0.0645	item			2		6
113	SC051	syringe 10-12ml	0.197	item			2		2
114	SC056	syringe 50-60ml	1.0055	item					2
115	SC053	syringe 20ml	0.694	item			2		
116	SJ010	basin, emesis	0.233	item			2		2
117	SB012	drape, sterile, for Mayo stand	1.379	item					3
118	SG055	gauze, sterile 4in x 4in	0.1745	item			16		30
119	SG079	tape, surgical paper 1in (Micropore)	0.006	inch			24		96
120	SC049	stop cock, 3-way	1.1075	item			2		
121	SF033	scalpel with blade, surgical (#10-20)	0.867	item			1		
122	SF036	suture, nylon, 3-0 to 6-0, c	2.8055	item			1		
126	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
127		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 2.60**	**$ -**	**$ 3.75**
128	EF023	table, exam	3037.9485		0.006757594		198		
129	EF031	table, power	6030.195	Office Visits	0.016002488				161
130	EF014	light, surgical	2872.8985	Office Visits	0.006390458		198		161
131	ED021	computer, desktop, w-monitor	1916.6665	Office Visits	0.007594209				0
132	EF015	mayo stand	526.782	Office Visits	0.001171771				125

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

January 2020

Closed Treatment of Vertebral Body Fracture(s) – Tab 23

The Relativity Assessment Workgroup (RAW) identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. The RUC recommended that these services be surveyed for January 2020. The specialty societies indicated that this service was recently surveyed. The post-operative visits were revised at the April 2018 RUC meeting. The RAW data was based on data prior to these changes for CY 2019. In the 2020 CMS Medicare Physician Fee Schedule Final Rule, released November 1, 2019, CMS finalized the work RVU for CPT code 22310 at 3.45. The specialty societies requested that considering the recent survey, RUC should affirm the 2018 accepted times and the current 2020 work RVU value of 3.45. The current times do not include inpatient visits as the 55 survey respondents indicated their typical patient was discharged either the same day, or on the next day, but less than 24 hours and did not require inpatient visits.

The specialties noted that the current work RVU of 3.45 is below the April 2018 RUC recommended work RVU and considerably below the survey median and 25th percentile work RVU and yields an IWPUT of 0.019. The RUC agreed that the survey from 2018 was appropriate and found no reason to resurvey. The RUC concurred with the specialties' request that the current value be affirmed. It was noted, however, that the original RUC recommendation of 3.75 yielded a more appropriate IWPUT value. **The RUC affirms the April 2018 RUC recommendations for time and the current 2020 work RUV of 3.45 for CPT code 22310.**

Future Review Flag
The RUC questioned the plan for education on the use of CPT code 22310. The specialty societies indicated that they plan to educate members on the appropriate reporting of this service. The plan is for education internally within the specialty, but it was evident that a CPT Assistant article may be warranted to help disseminate education about what place of service is appropriate for this service. **The RUC recommends that the Relativity Assessment Workgroup review this service in three years to examine the site of service and ensure that education has been effective.**

Practice Expense
The Practice Expense Subcommittee reviewed and affirmed the direct practice inputs from April 2018 without modification. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	090	3.45 Affirmed Current Value (Affirmed April 2018 RUC recommended times)

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December 17, 2019

Peter K. Smith, MD
Chair, AMA Relative Value Update Committee
AMA Plaza
330 N Wabash Avenue, Suite 3930
Chicago, IL 60611-5885

Dear Dr. Smith,

The January 2020 RUC meeting agenda includes Tab 23-Closed Vertebral Fracture Treatment, CPT code 22310, Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing.

22310 was identified at the October 2019 Relativity Assessment Workgroup (RAW) meeting on a screen for procedures with inpatient visits but with Medicare utilization percentage less than 50% inpatient. The RAW failed to note that 22310's RUC database/Medicare inputs in 2019 are based on Harvard input but the procedure was surveyed and reviewed at the April 2018 RUC meeting by the American Academy of Orthopaedic Surgeons (AAOS), the American Association of Neurosurgeons (AANS), the Congress of Neurosurgery (CNS), the North American Spine Society (NASS), and the International Society for the Advancement of Spine Surgery (ISASS) and valued without inpatient visits. These inputs were not included in the RUC database file at the time of the RAW meeting because the code was reviewed in the 2020 CMS Medicare Physician Fee Schedule Proposed Rule, and subsequently finalized in the 2020 CMS Medicare Physician Fee Schedule Final Rule released November 1, 2019. In the final rule, CMS finalized the work RVU for 22310 at 3.45, which is lower than the RUC recommended work RVU from the April 2018 meeting at 3.75 which was itself less than the survey 25th percentile work RVU.

The AAOS, AANS, CNS, NASS, and ISASS recommend that in light of the recent survey and value that the RUC reaffirm the 2018 accepted times and the current (2020) work RVU value of 3.45. The current times do not include inpatient visits as the 55 survey respondents indicated their typical patient was discharged either the same day, or after less than 24 hours and did not require inpatient visits. We also note that the current work RVU of 3.45 is below the April 2018 RUC recommended work RVU and considerably below the survey median and 25th percentile work RVUs and yields an IWPUT of 0.019. This IWPUT is barely above 0.000 and 22310 was originally flagged by the RAW for resurvey in October 2017 on a negative IWPUT screen.

Please see the attached Work and Practice Expense Summary of Recommendations from the April 2018 RUC meeting.

The societies believe that with coding education from the societies on the RUC accepted typical patient from the April 2018 survey, surgeons providing the service will be less likely to use the code for office encounters or in sites of service such as the Emergency Room and Skilled Nursing Facilities going forward.

Thank you for your attention to this matter and we are happy to provide more information to the RUC for review at the January meeting.

Sincerely,

William Creevy, MD
AAOS RUC Advisor

John Ratliff, MD
AANS RUC Advisor

Clemens Schirmer, MD
CNS RUC Advisor

Karin Swartz, MD
NASS RUC Advisor

Morgan Lorio, MD
ISASS RUC Advisor

Attachments:
April 2018 22310 Work Summary of Recommendation
April 2018 22310 Work Summary of Recommendation Spreadsheet
April 2018 22310 PE Non-Facility Summary of Recommendation
April 2018 22310 PE Facility Summary of Recommendation
April 2018 22310 PE Spreadsheet Final Approved

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT

April 2018

Closed Treatment Vertebral Fracture

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC recommended that this service be surveyed for April 2018.

22310 ***Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing***

Physician work for CPT code 22310 was last reviewed during the Harvard study in the late 1980's.

- In the June 1991 proposed rule, the work RVU for 22310, based on the Harvard study, was 6.31.
- In the November 1991 final rule for the 1992 PFS, the work RVU was reduced to 1.95.
- In 1997, hospital and office visits were assigned by algorithm for practice expense purposes.

The misestimating of visits and change in total work from the Harvard study resulted in a negative IWPUT which resulted in a flawed methodology of the previous valuation and time. Therefore, the RUC noted that a direct comparison of the Harvard time to the current survey time is not appropriate.

The RUC reviewed the survey results from 55 orthopaedic surgeons, neurosurgeons and spine surgeons and determined that the survey 25th percentile physician work RVU of 5.00 and the survey median physician work RVU of 6.25 result in intensities inconsistent with the physician work for 22310. The RUC agreed with the specialty societies' recommendation to crosswalk the service to CPT code 67914 *Repair of ectropion; suture* (work RVU = 3.75, 20 minutes intra-service time). The RUC recommends 19 minutes pre-service time, 20 minutes intra-service time and 25 minutes immediate post-service time, one-half 99238 discharge day management and three 99212 post-operative visits. The RUC agreed with increasing the immediate post-service time from 15 minutes to 25 minutes by applying the CMS and RUC policy for services that typically have a "23-hour stay" to account for a separate typical visit performed on the day of the services. The RUC also agreed that the intensity of the intra-service work to place an orthosis is similar to application of a cast or splint. The crosswalk code 67914 was last reviewed by the RUC in 2013 and has the same intra-time and similar total time. The RUC noted that 22310 is typically an overnight or longer stay, while 67914 is typically same-day discharge which justifies the variation in immediate post-time and visit levels between the services. The specialty societies confirmed that the service is typically used for bracing the spine with a large, rigid PVC plastic brace. The post-operative visits typically are used to order and review imaging in order to monitor the minimally displaced fracture and be certain the status of the fracture does not escalate. The physician also manages pain medication and instructs the patient on activity. The RUC discussed the site of service in the Medicare claims data,

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which is almost evenly split between the physician office and hospital settings (49.98% vs 49.54%), ultimately finding the survey site of service appropriate for the typical patient when all ages are considered (ie, younger patients are more likely to be poly-trauma).

For additional support the RUC referenced CPT code 21073 *Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)* (work RVU = 3.45 and 20 minutes intra-service time). The RUC also compared the survey code to MPC codes 46930 *Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)* (work RVU = 1.61 and 5 minutes intra-service time) and 33213 *Insertion of pacemaker pulse generator only; with existing dual leads* (work RVU = 5.28 and 48 minutes intra-service time) noting that the surveyed code is appropriately bracketed relative to these services. **The RUC recommends a work RVU of 3.75 for CPT code 22310.**

Practice Expense
The PE Subcommittee discussed and passed the compelling evidence that there has been a change in the practice expense inputs for this service. Compelling evidence arguments included a change in the typical specialty and adoption of applicable standards since the service was last reviewed for practice expense. The PE Subcommittee accepted the specialties request for the standard emergent pre-service clinical staff time standards for the facility setting. The service is typically reported79% with an Evaluation and Management service in the non-facility setting and the specialty societies appropriately removed any duplicative inputs. The only modification to the spreadsheet was to add in 2 minutes of clinical staff time for clinical activity CA013, *Prepare room, equipment and supplies* and 2 minutes for CA016, *Prepare, set-up and start IV, initial positioning and monitoring of patient.*

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	090	3.75

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22310 Tracking Number Original Specialty Recommended RVU: **3.75**
Presented Recommended RVU: **3.75**
Global Period: 090 Current Work RVU: **3.89** RUC Recommended RVU: **3.75**

CPT Descriptor: Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old female presents with a lumbar vertebral body fracture after a fall from standing height. Closed treatment without manipulation is performed with application of a thoracolumbar extension orthosis.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 84% , In the ASC 0%, In the office 16%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 20% , Overnight stay-less than 24 hours 43% , Overnight stay-more than 24 hours 37%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 70%

Description of Pre-Service Work: Explain service to patient and/or family. Review the planned treatment, reasonable alternatives and the expected outcome. Review the common potentials risks and complications. Order and/or verify all supplies are available.

Description of Intra-Service Work: The brace may be applied supine and lateral decubitis and/or sitting in bed. The brace is applied, adjustments to padding, straps, and size are completed as needed and correct fit confirmed.

Description of Post-Service Work:
Facility: Assess neurologic status. Communicate with the patient and family regarding use of the brace, activity restrictions, bathing instructions and signs or symptoms to communicate to physicians, nursing or therapy staff. Communicate simlilar information to the health care team (e.g. nursing, physicial/occupational therapy, case management). Update orders regarding activity. Complete requests for PT and OT consultations. Standing radiographs in the brace may be ordered. A brief procedure or event note may be enterd in the medical record. Later the same day, the surgeon will review the standing radiographs if completed; communicate with the family and/or health care team regarding progress and status; review interval chart notes; see the patient; answer patient and family questions; make any necessary adjustments to the orthosis; assess neurologic status of lower extremities; adjust pain medication as necessary; and document the services in the medical record. The next day, the radiographs will be reviewed if this was not done the prior day; the chart is reviewed; progress and status are reviewed with the health care team; vital signs are reviewed; position of the orthosis is assessed; neulogic status of lower extremities is confirmed; discharge planning is coordinated with the patient, family and case management; post-discharge restrictions (e.g., activity, bathing, care of orthosis) are discussed with the patient and family members; orders or prescriptions are written for a walker and/or other durable medical equipment; prescriptions are written for medications; follow-up appointments are coordinated and communicated; all appropriate medical records are completed, including discharge summary, discharge instructions, and insurance forms.

Office. The surgeon will talk with patient and family to assess progress and status; answer questions from patient and/or family; assess pain status and medication management; assess the position of the orthosis and adjust if necessary; assess neurologic function of lower extremities; review records from a facility or home care providers; order and review radiographs; order physical therapy and/or occupational therapy when appropriate; write prescription for pain management,

as necessary; dictate or enter a progress note and provide copies to patient's PCP and other providers as appropriate. The patient is followed through healing and restoration of function.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2018				
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD; Alexander Mason, MD; Karin Swartz, MD; Kano Mayer, MD; Morgan Lorio, MD				
Specialty(s):	AAOS, AANS, CNS, NASS, ISASS				
CPT Code:	22310				
Sample Size:	1282	**Resp N:**	55	**Response:** 4.2 %	
Description of Sample:	random sample from society membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**15.00**	25.00	300.00
Survey RVW:	2.00	5.00	**6.25**	7.38	10.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**20.00**	40.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	22310	**Recommended Physician Work RVU: 3.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**6.00**	**-6.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**18.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**48.00**	99211x **0.00** 12x **3.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
25605	090	6.25	**RUC Time**

CPT Descriptor Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27267	090	5.50	**RUC Time**

CPT Descriptor Closed treatment of femoral fracture, proximal end, head; without manipulation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
46930	090	1.61	**RUC Time**	9,785

CPT Descriptor 1 Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33213	090	5.28	**RUC Time**	2,446

CPT Descriptor 2 Insertion of pacemaker pulse generator only; with existing dual leads

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 29.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 25.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 22310	Top Key Reference CPT Code: 25605	2nd Key Reference CPT Code: **27267**
Median Pre-Service Time	19.00	20.00	9.00
Median Intra-Service Time	20.00	30.00	15.00
Median Immediate Post-service Time	25.00	13.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	48.0	87.00	64.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**131.00**	**169.00**	**171.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	19%	56%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	25%	25%	50%
Physical effort required	31%	38%	31%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	31%	69%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	50%	43%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	43%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	21%	57%	21%
Physical effort required	29%	57%	14%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	21%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The RUC identified services with a negative IWPUT for Harvard valued and CMS/Other source codes. Code 22310 was identified through this screen.

Compelling Evidence – Flawed Methodology

Physician work for code 22310 was last reviewed during the Harvard study in the late 1980's.

- In the June 1991 proposed rule, the work RVU for 22310, based on the Harvard study, was 6.31.
- In the November 1991 final rule for the 1992 PFS, the work RVU was reduced to 1.95.
- In 1997, hospital and office visits were assigned by algorithm for practice expense purposes.

The misestimation of visits and change in total work from the Harvard study resulted in a negative IWPUT which we believe is compelling evidence of flawed methodology of the previous review.

Survey Sample and Process

A survey request was sent to a random selection of members from the AAOS, AANS, CNS, NASS, and ISASS. Fifty-five responses were received. Ninety-one percent of the respondents indicated recent experience with the service.

Recommendation

The intra-service work to place an orthosis is similar to application of a cast or splint. The survey 25th percentile and survey median work RVU result in intensities that we believe are too high and inconsistent with the intensity of the application of a cast.

We recommend a work RVU of 3.75 based on a crosswalk to code 67914 (*Repair of ectropion; suture*) which was reviewed in 2013 and has the same intra-time and almost identical total time. 22310 is typically an overnight or longer stay, while 67914 is typically same-day discharge. This accounts for the variation in immediate post-time and visit levels between the codes.

CPT	DESCRIPTOR	RVW	TOTAL TIME	PRE	INTRA	POST same day	99238	99213	99212
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	**3.75**	**131**	19	**20**	25	0.5		3
x-walk 67914	Repair of ectropion; suture	**3.75**	**129**	25	**20**	10	0.5	1	2

Pre-time Package 2: Difficult Patient/Straightforward Procedure (No anesthesia care)

Evaluation: Standard package time of 18 minutes.
Positioning: Standard package time of 1 minutes.
Scrub, dress, and wait: Zero minutes to be consistent with the survey median time.

Post-time Package 7a: Local Anesthesia/ Straightforward Procedure

We recommend 25 minutes for same-day post-service time by applying the CMS and RUC policy for services that typically have a "23-hour stay" as shown below.

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy: If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code

includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.

The recommended 25 minutes is equal to the sum of: 1) the survey median immediate post-service time of 15 minutes (less than package time) plus 2) the intra-service time for 99231 (10 minutes) for a post-service visit later the same day.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST	99231	99238	99213	99212
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	**3.75**	**0.034**	**131**	19	**20**	25		0.5		3
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	**5.50**	**0.033**	**171**	9	**15**	5	2	1		4
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	**6.25**	**0.068**	**169**	20	**30**	13		0.5	1	4

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST	99238	99213	99212
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	**1.61**	**0.047**	**46**	13	**5**	5		1	
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	**3.75**	**0.034**	**131**	19	**20**	25	0.5		3
33213	Insertion of pacemaker pulse generator only; with existing dual leads	**5.28**	**0.064**	**125**	17	**46**	20	0.5	1	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The typical national place of service is the facility setting. When performed in the facility setting, other services (eg, imaging) and procedures (eg, for trauma patients) may be provided.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22310

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty neurosurgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,646
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2018v1

Specialty orthopaedic surgery Frequency 6700 Percentage 77.49 %

Specialty neurosurgery Frequency 850 Percentage 9.83 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 22310

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Closed Treatment Vertebral Fracture
TAB: 6

					RVW					Total	pre	PRE			INTRA					POST-FACILITY				POST-OFFICE			Prolong Serv	
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	31	38	13	12	11	#	57
REF 1	25605	Closed treatment of distal ra	16	0.068			6.25			169		14	1	5			30			13			0.5	1	4			
REF 2	27267	Closed treatment of femora	14	0.033			5.50			171		7		2			15			5		2	1.0		4			
CURRENT	22310	Closed treatment of vertebr		-0.029			3.89			236		20	0	25			53			6		3.5	1.0		1.5			
SVY	22310	Closed treatment of verte	55	0.066	2.00	5.00	6.25	7.38	10.00	191		45	5	0	0	10	20	40	120	15		1	1.0		3			
REC	22310	*crosswalk RVW to 67914*		0.034			3.75			131	2	18	1	0			20			25	7a		0.5		3			

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

Global Period 090 Meeting Date: April 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The RUC Advisors for AAOS, AANS, CNS, NASS, and ISASS reviewed the current PE details for 22310.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Current code 22310 is the reference**

3. Is this code(s) typically billed with an E/M service? **No, not when performed in the facility.**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **The increase in equipment time and supplies is due to changes the number of post-op visits. The equipment cost is also increasing due to a change from exam table to power table which is typical in an orthopaedic surgeon or neurosurgeon office.**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

row	code	22310 - FACILITY	current	REC	Notes
PRE-SERVICE Clinical Staff Activities					
15	CA001	Complete pre-service diagnostic and referral forms	5	5	Standard time for 90-day global emergent service.
16	CA002	Coordinate pre-surgery services (including test results)	10	7	Standard time for 90-day global emergent service.
17	CA003	Schedule space and equipment in facility		4	Standard time for 90-day global emergent service.
18	CA004	Provide pre-service education/obtain consent	5		Delete – does not apply to 90-day global emergent service
19	CA005	Complete pre-procedure phone calls and prescription		4	Standard time for 90-day global emergent service.
SERVICE PERIOD Clinical Staff Activities					
74	CA036	Discharge day management	12	6	Standard time for typical facility status - overnight outpatient.
POST-SERVICE Clinical Staff Activities					
92	CA039	Post-operative visits (total time)	40.5	81	Increase based on change in number postop office visits
MEDICAL SUPPLIES					
102	SA048	pack, minimum multi-specialty visit	1.5	3	Increase based on change in number postop office visits
EQUIPMENT					
109	EF023	table, exam	40.5		Delete - Correct equipment item in a surgeon's office is EF031 (power table)
110	EF031	table, power		81	Add - Correct equipment item in a surgeon's office is EF031 (power table) office visits formula =+M92

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

Global Period 090 Meeting Date: April 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: **The RUC Advisors for AAOS, AANS, CNS, NASS, and ISASS reviewed the current PE details for 22310.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Current code 22310 is the reference**

3. Is this code(s) typically billed with an E/M service? **Yes for nonfacility. No for facility.**
   Is this code(s) typically billed with the E/M service in the nonfacility? **Yes**
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? **Orthopaedic surgery**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? **80%**
   Is the dominant provider in the nonfacility different then for the global? **no**
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **The increase in clinical staff time, equipment time, and supplies is due to changes the number of post-op visits. The equipment cost is also increasing due to a change from exam table to power table which is typical in an orthopaedic surgeon or neurosurgeon office.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **The clinical staff assists the physician with application of an orthosis that is used to stabilize the spine to allow the fracture to heal.**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: **N/A**

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

17. Please include an explanation of each line item:

ROW	CODE	22310 – NON-FACILITY	current	REC	Notes
PRE-SERVICE Clinical Staff Activities					
15	CA001	Complete pre-service diagnostic and referral forms	5	5	Patient will typically be referred to surgeon. Pre-visit imaging will be ordered and referral forms completed.
16	CA002	Coordinate pre-surgery services (including test results)	10	0	N/A for this service in the office setting.
18	CA004	Provide pre-service education/obtain consent	5	0	N/A for this service in the office setting.
SERVICE PERIOD Clinical Staff Activities					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	5		Delete - E/M typical when performed in office setting.
34	CA010	Obtain vital signs	5		Delete - E/M typical when performed in office setting.
35	CA011	Provide education/obtain consent		3	Clinical staff will provide education about the orthosis application to patient and family.
37	CA013	Prepare room, equipment and supplies	2		Delete - E/M typical when performed in office setting.
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2		Delete - E/M typical when performed in office setting.
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		20	Application of orthosis requires both physician and clinical staff – 100%
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	26		It will be necessary for clinical staff to be available 100% of the physician time to assist during orthosis application
62	CA024	Clean room/equipment by clinical staff	3		Delete - E/M typical when performed in office setting.

ROW	CODE	22310 – NON-FACILITY	current	REC	Notes
67	CA029	Check dressings, catheters, wounds	1		Delete –not typical for this service.
73	CA035	Review home care instructions, coordinate visits/prescriptions	2	2	Review home care restrictions (eg, bathing, activity) and care of orthosis.
POST-SERVICE Clinical Staff Activities					
92	CA039	Post-operative visits (total time)	40.5	81	Increase based on change in number postop office visits
MEDICAL SUPPLIES					
102	SA048	pack, minimum multi-specialty visit	2.5	3	Increase based on change in number postop office visits
EQUIPMENT					
109	EF023	table, exam	84.5		Delete - Correct equipment item in a surgeon's office is EF031 (power table)
110	EF031	table, power		106	Add - Correct equipment item in a surgeon's office is EF031 (power table) Office visits formula =+L35+L49+L73+L92

	B	C	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***column C. For more complete information about summaries and***				**22310**		**22310**	
3		***RUC Collaboration Website***				Closed treatment of vertebral body fracture(s), without manipulation,		Closed treatment of vertebral body fracture(s), without manipulation,	
4	**Clinical Activity Code**	**Meeting Date: April 2018 Tab: 6 Specialty: AAOS, NASS, AANS, CNS, ISASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 42.51**	**$ 28.66**	**$ 48.85**	**$ 44.34**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**106.5**	**72.5**	**115.0**	**107.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**20.0**	**20.0**	**5.0**	**20.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**46.0**	**12.0**	**29.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**40.5**	**40.5**	**81.0**	**81.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 39.41**	**$ 26.83**	**$ 42.55**	**$ 39.59**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	5	5	5	5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	10	10		7
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				4
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	5	5		
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				4
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records	L037D	RN/LPN/MTA	0.37	5			
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5			
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37			3	
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2	
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.37	2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37			20	
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37	26			
59		**Post-Service (of service period)**							
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3			
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	1			
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	2		2	
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**	**6**
81		**End: Patient leaves office**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27			1.5	1.5	3	3
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**40.5**	**40.5**	**81.0**	**81.0**
99		**End: with last office visit before end of global period**							
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.86**	**$ 1.71**	**$ 4.57**	**$ 3.43**
102	SA048	pack, minimum multi-specialty visit	1.143	pack		2.5	1.5	4	3
103									
104									
107	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
108		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.25**	**$ 0.12**	**$ 1.73**	**$ 1.32**
109	EF023	table, exam	1338.17		0.002976617	84.5	40.5		
110	EF031	table, power	6153.63	Office Visits	0.016330051			106	81
111									
114									
115									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

January 2020

Repair Recurrent Hernia – Tab 24

In October 2019, the Relativity Assessment Workgroup identified CPT code 49565 as performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2018e Medicare utilization over 5,000. The RUC recommended this service be surveyed for January 2020.

In January 2020, the specialty societies requested that CPT code 49565 be referred to the May 2020 CPT Editorial Panel to update the descriptor to current standard of practice and typical patient presentation; for example, mesh insertion and removal, and size and number of defects. The RUC questioned if CPT codes 49560, 49561, 49566 and/or 49568 are considered part of this family of services. The specialty society indicated they will define the family of services on the coding change application (CCA). **The RUC recommends that these services be referred to the May 2020 CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
49565	Repair recurrent incisional or ventral hernia; reducible	090	Refer to CPT May 2020

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

December 17, 2019

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee (RUC)
American Medical Association
330 North Wabash Ave.
Chicago, IL 60611-5885

Re: Tab 24, Repair Recurrent Hernia

Code 49565, *Repair recurrent incisional or ventral hernia; reducible,* was identified by the RAW as a service performed less than 50% of the time in the inpatient setting that included inpatient hospital E/M service codes and also had 2018e Medicare utilization over 5,000. An Action Plan was not requested and instead the RAW recommended code 49565 be surveyed for the January 2020 RUC meeting.

The American College of Surgeons (ACS) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) recommend referring code 49565 to CPT to update the descriptor to current standard of practice and typical patient presentation; for example, mesh insertion and removal, and size and number or defects.

After review at CPT, we will survey the resulting new codes.

Sincerely,



Charles Mabry, MD, FACS
ACS RUC Advisor



Don Selzer, MD, FACS
SAGES RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

January 2020

Percutaneous Nephrostolithotomy – Tab 25

The Relativity Assessment Workgroup identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. The RUC recommends these services be surveyed for January 2020.

In January 2020, the specialty societies requested that CPT codes 50080 and 50081 be referred to the CPT Editorial Panel to update the descriptors to remove the phrase "with or without" and clearly differentiate work in current practice. The specialty societies will then survey the new codes for the October 2020 RUC meeting. **The RUC recommends that these services be referred to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
50080 (f)	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	090	Refer to CPT May 2020
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	090	Refer to CPT May 2020

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American Urological Association

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December 17, 2019

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee (RUC)
American Medical Association
AMA Plaza
330 North Wabash Ave.
Chicago, IL 60611-5885

Re: Tab 25, Percutaneous Nephrostolithotomy (50080, 50081)

Code 50081 was identified by the RAW as a service performed less than 50% of the time in the inpatient setting that included inpatient hospital E/M service codes and also had 2018e Medicare utilization over 5,000. An Action Plan was not requested and instead the RAW recommended code 50081 be surveyed for the January 2020 RUC meeting. The AUA volunteered to survey 50081 and added 50080 as a family code.

50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm

50081 over 2 cm

Both codes are Harvard valued and have never been surveyed. The Research Subcommittee approved vignettes for both codes and the AUA conducted a standard RUC survey. The results of the survey indicate that code 50081 is typically inpatient (56%) which is inconsistent with the Medicare data for 2018e (35.11%) if we are to believe the typical patient as described in the vignette is 66 years old. At this time, the AUA expert panel cannot determine if survey respondents were confused about the definition of "admitted" or had experience with removal of staghorn calculus as described in the vignette for complex patients that required several days in the hospital, but were not Medicare-aged.

After review of the survey data and the code descriptors, our expert panel believes the code descriptors are ambiguous about work. Specifically, the phrase "with or without" followed by five different surgical procedures (dilation, endoscopy, lithotripsy, stenting, basket extraction) is not clear what work is to be considered. For example, dilation of a nephrostomy tract prior to an endourological procedure can be performed by either an interventional radiologist prior to surgery (separately reported by IR) or by a urologist as part of the entire procedure (not separately reported).

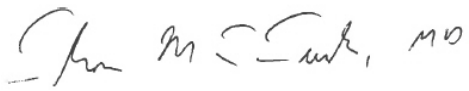
American Urological Association

As written, the code descriptors do not state "includes dilation" and, therefore, can be misinterpreted. Similarly, stenting is additional work that was not included in the vignette, but represents additional work when performed.

The AUA is providing the survey data as *informational*. Due to concerns about what work the surgeons considered when responding to the survey questions, we are not making a recommendation for work, time, or visits.

Codes 50080 and 50081 are legacy CPT codes (pre-1990). We recommend that these codes be referred to CPT to revise the descriptors (eg, remove the phrase "with or without") and clearly differentiate work in current practice. We will then survey the new codes.

Sincerely yours,



Thomas M.T. Turk, M.D.
RUC Advisor, American Urological Association

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly

January 2020

Colpopexy

The Relativity Assessment Workgroup identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. CPT codes 57282 *Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)* and 57283 *Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)* were identified on this screen. The services are now typically performed as an outpatient procedure with at least 90% having an overnight hospital stay for both codes. In 2005 the CPT editorial panel revised CPT code 57282 and created 57283. At that time only 57283 was surveyed as the revisions to 57282 were considered editorial. At the time the RUC recommended 14.00 for 57283 and to maintain what was the current work value of 8.85 for 57282. Although the Agency stated that they agreed with the relativity established by the RUC between the two codes, they did not accept the RUC recommendations and reduced the work value for both services based on a work neutrality adjustment.

Compelling Evidence
The RUC reviewed and agreed that there is compelling evidence to recommend an increase in the value for CPT code 57282 *Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)* and 57283 *Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)* based on evidence that physician work has increased due to different technique and new knowledge based on a change in technology. First, the change in technology is due to functional MRI studies which provide more information on the essential steps. The functional MRI studies have increased what is known about pelvic organ prolapse and what structures are important to successful repair. The specialty society provided a series of articles as supporting documentation to illustrate that knowledge of the pelvic floor and pelvic support is increasing. For 57282 the extent of dissection required to engage these target ligaments and tissues as well as the importance of suturing the tissues with more precision is now standardized. Second, the technique now is different, mostly in that the support sutures are placed at multiple points of attachment, which has increased the intra-service time. Third, the extensive dissection that is required to isolate the sacrospinous ligament increases risk of trauma and debilitating complications due to the proximity of the sacrospinous ligament to the pudendal nerve and vessel. For CPT code 57283 the extent of dissection required to engage the target ligaments and tissues as well as the importance of suturing the tissues with more precision is now standardized. Second, the extensive dissection that is required to isolate the uterosacral ligament increases risk of trauma and debilitating complications due to the proximity of the uterosacral ligament to the ureter. Thus, the ureter must be checked to confirm that it has not been trapped or kinked in the repair. A RUC member asked what the reason for the drop in utilization is and the specialty societies explained that many patients are having the procedure laparoscopically and increasingly there are fellowships in female pelvic reconstruction surgery (FPRS) that provide a better alternative for some of the patient population. **The RUC agreed that there is compelling evidence that there has been a**

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change in the physician work necessary to perform these services due to a change in technique and knowledge of the problem. The compelling evidence is supported by documentation in the peer-reviewed medical literature.

57282 ***Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)***
The RUC reviewed the survey results from 127 gynecologists and urologists and determined that the survey 25th percentile work RVU of 13.48 accurately reflects the typical physician work necessary for this service. The RUC recommends 33 minutes evaluation, 8 minutes position and 10 minutes scrub, dress and wait for a total of 51 minutes pre-service time, 88 minutes intra-service time and 25 minutes post-service time. The RUC recommends ½ discharge management (99238) as well as two post-operative visits (99213). The RUC notes that there are 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury. A RUC member asked the specialty to explain the intra-service time as there is a larger increase in the work RVU recommended when compared to the modest increase in intra-service time. The presenters confirmed that, because this service has not been surveyed, the intra-service time established by the Harvard study is what the current RVU is based on. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times and work RVU (0.014) is inappropriately low for this intense major surgical procedure, not that much higher than the intensity for pre-service scrub/dress/wait time, which strongly implies the current total times are inflated relative to the current work RVU and not valid for comparison to the new times. During the initial Harvard study, only overall post-operative time data was surveyed; data on the number and level of hospital and office post-operative visits were not collected. The hospital total time was estimated at 88 minutes and the office visit total time was estimated at 57.5 minutes. These times were "converted" to E/M visit codes by a CMS contractor for practice expense RVU review using an algorithm some years after the original Harvard study. Thus, this is the first time the RUC has had the opportunity to review the hospital and office visits for code 57282 and also the first time survey data was collected on the number and level of post-operative visits, making comparison between historic Harvard times and modern RUC times precarious at best. In addition, the difference in the intra-service time can be attributed to the multiple points of attachment which was not done in the past. The largest difference in the total time comes from the hospital visit time assigned by Harvard in 1992. The RUC questioned if patients really stayed in the hospital for 4 days at that time or if the assignment was flawed. A RUC member practicing obstetrics-gynecology and performing these procedures at that time offered a point of information to confirm that it was typical several decades ago for patient to stay in the hospital for several days.

The RUC compared the survey code to the top key reference service, CPT code 57260 *Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;* (work RVU = 13.25, 90 minutes intra-service time and 241 minutes total time), noting that the intra-service and total time are similar and the codes should be valued similarly. The RUC also noted that most survey respondents indicated that CPT code 57282 is somewhat more or much more intense and complex to perform than the key reference code and should be valued slightly higher. The reference code is less intense and complex to perform because the areas of the vagina are more distal and easier to access, whereas the surveyed code is at the apex of the vagina. Suturing the apex of the vagina to structures further up in the body while also avoiding injury to other areas of the body, such as the spine, increases intensity. The RUC also compared the surveyed code to MPC code 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration*

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and/or dilation, and internal urethrotomy are included) (work RVU = 13.16, 75 minutes intra-service and 236 minutes total time), which has the same post-operative visits and noted that the work values should be similar but the lower intra-service time for the comparator code justifies the lower work value. The RUC also compared the survey code to reference code 55873 *Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)* (work RVU = 13.60, 100 minutes intra-service and 274 minutes total time), noting that the intra-service and total time are similar and the codes should be valued similarly. The RUC also noted that the higher intra-service and total minutes and additional post-operative (99213) visit justifies the higher work value. **The RUC recommends a work RVU of 13.48 for CPT code 57282.**

57283 *Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)*
The RUC reviewed the survey results from 127 gynecologists and urologists and determined that the survey 25th percentile work RVU of 13.51 accurately reflects the typical physician work necessary for this service. The RUC recommends 33 minutes evaluation, 8 minutes position and 10 minutes scrub, dress and wait for a total of 51 minutes pre-service time, 90 minutes intra-service time and 25 minutes post-service time. The RUC recommends ½ discharge management (99238) as well as two post-operative visits (99213). The RUC notes that there are 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury. The RUC noted that the IWPUT for the current times and work RVU (0.046) is inappropriately low for this intense major surgical procedure. It is low because when it was surveyed in 2005 by the RUC, the RUC recommended 14.00 for 57283 and CMS did not accept the RUC recommendations and reduced the work value for the service based on a work neutrality adjustment. CMS made no adjustment to the RUC recommended times from 2005 when they greatly reduced the work RVU relative to the RUC recommendation, resulting in the IWPUT dropping inappropriately by 35 percent relative to the RUC recommendation (from 0.071 to 0.046). The RUC agreed that these surgical procedures have changed, noting that a minimum of 3 sutures if required for markedly better outcomes then in the past. The RUC also noted that the surveyed intra-service times for 57282 and 57283 have only 2 minutes difference. The level of intensity and complexity for the two services has converged and the work values should reflect that similarity. The RUC added that, in reviewing 090-day global services reviewed by the RUC within the past 9 years, these work values are only slightly above the median work value. The RUC inquired about the intensity and complexity of these open service as compared to the laparoscopic approach (code 57425) and the specialty society clarified that they are so markedly different that it is difficult to compare.

The RUC compared the survey code to the top key reference service, CPT code 57260 *Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;* (work RVU = 13.25, 90 minutes intra-service time and 241 minutes total time), noting that the intra-service times are identical and the codes should be valued similarly. The RUC also noted that most survey respondents indicated that CPT code 57283 is somewhat more or much more intense and complex to perform than the key reference code and should be valued slightly higher. The RUC also compared the survey code to reference code 55873 *Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)* (work RVU = 13.60, 100 minutes intra-service and 274 minutes total time), noting that the intra-service and total time are similar and the codes should be valued similarly. The RUC also noted that the higher intra-service and total minutes and additional post-operative (99213) visit justifies the higher work value. **The RUC recommends a work RVU of 13.51 for CPT code 57283.**

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Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	090	13.48
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	090	13.51

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:57282 Tracking Number Original Specialty Recommended RVU: **13.48**
Presented Recommended RVU: **13.48**
Global Period: 090 Current Work RVU: **7.97** RUC Recommended RVU: **13.48**

CPT Descriptor: Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old sexually active female presents with complaints of worsening pelvic pressure and the feeling of something protruding from the vagina. On examination she has apical prolapse of the vagina greater than or equal to 4 cm. An extra-peritoneal vaginal colpopexy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 82% , In the ASC 8%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 9% , Overnight stay-less than 24 hours 81% , Overnight stay-more than 24 hours 9%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 38%

Description of Pre-Service Work: The admission history and physical exam is reviewed. Pertinent laboratory results and imaging studies are reviewed. The patient is seen in holding with verification of discontinuation of any high-risk medication. Surgical care improvement project (SCIP) measures are addressed including appropriate antibiotic administration synchronized with expected incision time and the method of DVT prophylaxis implemented. The procedure is verified with the patient and final surgical questions from the patient are answered. The patient is transferred in the OR and positioned on the table. Sequential compressive devices are applied and activated. The patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position protecting possible neural injury sites with appropriate padding. Surgical lighting is positioned. The extent of surgical preparation is delineated. The physician scrubs and gowns. The patient is draped. The surgical time-out is performed.

Description of Intra-Service Work: An indwelling Foley catheter is placed into the bladder. An appropriate retractor is placed into the vagina to allow for surgical visualization. The surgical landmarks are identified by palpation. An incision is made on the apical vaginal wall. Dissection through the subepithelial tissues is made, hemostasis obtained and the pararectal space is identified and entered. The rectum is deflected to the side and held with an appropriate retractor. The ischial spine is identified digitally. Sufficient surgical space is created in the deep pelvis for visualization of the sacrospinous ligament-illiiococcygeus muscle complex by extensive blunt and sharp dissection. The permanent fixation sutures are placed in the ligament with attention to the location of the pudendal neurovascular bundle maintained throughout the placement to avoid deep pelvic neurovascular injury. This deep dissection is repeated in similar fashion on the contralateral side. Using a mayo needle, the tagged fixation sutures from each side are secured to the apical endopelvic fascia and vaginal muscularis. Utilizing a pulley knot arrangement, the sutures are tensioned to return the vaginal apex to normal anatomic position high in the pelvis and the sutures are tied. Hemostasis is ensured. Foley catheter is removed. Cystoscopy is performed to ensure absence of trauma to the bladder and bilateral ureteral patency is documented by any method. The vaginal epithelium incision is closed with absorbable suture. Foley catheter is replaced and the vagina is packed. Rectal examination is digitally performed. Sponge count, needle count, and instrument count is confirmed.

Description of Post-Service Work: A surgical debriefing is performed with anesthesia and the circulating nurse for wound classification, estimated or quantitative blood loss, and procedure verification. Immediate operative note is written in the patient chart. Transfer of the patient to the recovery area is supervised. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Documentation of the

surgical procedure is accomplished into the EMR by dictation. The patient's condition, operative findings, and anticipated outcome are related to the HIPPA contact. The patient is seen prior to discharge to assure stability for home care, including review of any lab results and voiding function after removal of the foley catheter and vaginal packing. The patient is informed of procedural findings and care plan related to foley catheter management if needed at home. Discharge instructions regarding post-operative appointments, physician contact information, pain management, clinical warning signs and activity level is discussed.

Visit 1 (7–14 days):
The patient is questioned about her postoperative course, including query of fever, nausea, vomiting, pain, bleeding, shortness of breath, lower extremity edema, and neurologic dysfunction. Voiding activity is thoroughly reviewed, with emphasis on completion of micturition, frequency, urgency, hematuria, incontinence, nocturia, and dysuria. Defecatory function is reviewed. Vital signs are reviewed. Examination performed includes general evaluation, abdomen, and genitourinary system, with focus on the mons pubis, vulva, urethra, vagina, vaginal apical incision, and lower extremity lymphatics. Any incisional granulation tissue is treated. If the patient has a foley catheter, the bladder is filled prior to removal and a voiding trial is performed. The patient is counseled regarding progression of activities, limitations, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to address defecatory or voiding dysfunction. Documentation of this examination is completed within the EMR.

Visit 2 (4–6 weeks):
The patient is questioned about her postoperative course including pain, bleeding, discharge, neurologic dysfunction and progress in daily functions. Voiding activity is thoroughly discussed including completion of micturition, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is evaluated. Vital signs are reviewed. Examination is performed including general evaluation, abdomen, and genitourinary system, with focus on the vulva, urethra, vagina, and integrity of apical vaginal incision. Bimanual examination for vaginal caliber and banding is performed. Future therapies for bladder and defecatory function are discussed, as needed. Sexual function concerns and precautions are addressed. Postoperative instructions regarding progression of daily activities, and return to work are discussed. Future therapies for bladder and defecatory function are discussed, as needed. Documentation of this examination is created in the EMR. Corresponding operative reports are sent to a referring physician. Postoperative notes are created, collated, and signed for distribution.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Jon Hathaway, MD, PhD, Mitch Schuster, MD, Tom Turk, MD, Kyle Richards, MD, Drew Peterson, MD and Jonathan Kiechle, MD		
Specialty Society(ies):	ACOG and AUA		
CPT Code:	57282		
Sample Size:	691	**Resp N:**	127
Description of Sample:	ACOG - Random Sample of Applicable Subset (AUGS) 345 practicing US MD/DO AUA - Random Sample 346 practicing US MD/DO		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**15.00**	30.00	132.00
Survey RVW:	9.30	13.48	**14.96**	15.95	25.01
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	1.00	57.00	**88.00**	115.00	240.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	57282	**Recommended Physician Work RVU: 13.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**88.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**33.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57260	090	13.25	**RUC Time**

CPT Descriptor Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58571	090	15.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	45,141

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	24,562

CPT Descriptor 2 Mastectomy, simple, complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 47 **% of respondents:** 37.0 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 57282	Top Key Reference CPT Code: 57260	2nd Key Reference CPT Code: **58571**
Median Pre-Service Time	51.00	56.00	56.00
Median Intra-Service Time	88.00	90.00	90.00
Median Immediate Post-service Time	25.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**229.00**	**241.00**	**241.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	17%	60%	23%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	36%	64%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	9%	91%
Physical effort required	2%	21%	77%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	15%	85%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	25%	60%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	65%	35%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	15%	85%
Physical effort required	5%	45%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	30%	65%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The RAW identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. CPT Codes 57282 and 57283 were identified in the screen.

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in the value for CPT code 57282 based on evidence that physician work has increased due to different technique and new knowledge. First, new knowledge from functional MRI studies provide more information on the essential steps. Attached is the latest in a series of articles by Dr. DeLancey showing our ever expanding knowledge of the pelvic floor and pelvic support. As we learn more about pelvic organ prolapse and what structures are important to the successful repair, the extent of dissection required to engage these target ligaments and tissues as well as the importance of suturing the tissues with more precision is now standardized. Second, the technique now is different, mostly in that the support sutures are placed at multiple points of attachment, which has increased the intraservice time. Third, the extensive dissection that is required to isolate the sacrospinous ligament increases risk of trauma and debilitating complications due to the proximity of the sacrospinous ligament to the pudendal nerve and vessel.

Positioning Time

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury.

Relativity and Recommendations

The specialties received over 100 completed RUC physician work surveys from physicians. The multispecialty consensus panel reviewed the survey data and believes the 25th percentile 13.48 wRVU appropriately ranks the procedure within other 90 day global services, within the specialites and the overall fee schedule.

	CPT	Work RVU	Total Time	Pre	Intra	Post	
ADDITIONAL	58662	12.15	186.5	45	80	30	99213 (1/2), 99214 (1/2)
MPC	52601	13.16	236	33, 8, 10	75	45	99238 (1/2) 99213 (2)
REFERENCE	57260	13.25	241	33, 8, 15	90	30	99238 (1/2) 99213 (2)
ADDITIONAL	53440	13.36	248	33, 7, 15	90	22	99238 (1/2) 99212 (1), 99213 (2)
SURVEY	**57282**	**13.48**	**229**	**33, 8, 10**	**88**	**25**	**99238 (1/2) 99213 (2)**
SURVEY	**57283**	**13.51**	**231**	**33, 8, 10**	**90**	**25**	**99238 (1/2) 99213 (2)**
ADDITIONAL	55873	13.60	274	33, 8, 15	100	30	99238 (1/2) 99213 (3)
ADDITIONAL	61796	13.93	195	18, 1, 6	90	15	99238 (1/2) 99213 (2)
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MPC	19303	15.00	283	40, 3, 15	90	30	99238 (1/2) 99213 (2), 99214 (1)
REFERENCE	58571	15.00	241	33, 8, 15	90	30	99238 (1/2) 99213 (2)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57282

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology How often? Commonly

Specialty urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,491
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 RUC database

Specialty obstetrics/gynecology Frequency 5700 Percentage 76.09 %

Specialty urology Frequency 1725 Percentage 23.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57282

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:57283 Tracking Number Original Specialty Recommended RVU: **13.51**
Presented Recommended RVU: **13.51**
Global Period: 090 Current Work RVU: **11.66** RUC Recommended RVU: **13.51**

CPT Descriptor: Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old G3P3 patient presents complaining of vaginal bulging. Her pertinent physical examination reveals significant inversion of the vaginal apex 2 cm beyond the hymen. An enterocele is demonstrated at the vaginal apex. An intra-peritoneal vaginal colpopexy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 92% , In the ASC 9%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 81% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 36%

Description of Pre-Service Work: The admission history and physical exam is reviewed. Pertinent laboratory results and imaging studies are reviewed. The discontinuation of any high-risk medication is verified. Surgical care improvement project (SCIP) measures are addressed including appropriate antibiotic administration synchronized with expected incision time and the method of DVT prophylaxis implemented. The procedure is verified with the patient and final surgical questions from the patient are answered. The patient is transferred in the OR and positioned on the table. Sequential compressive devices are applied and activated. The patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position protecting possible neural injury sites with appropriate padding. Surgical lighting is positioned. The extent of surgical preparation is delineated. The physician scrubs and gowns. The patient is draped. The surgical time-out is performed.

Description of Intra-Service Work: An indwelling Foley catheter is placed into the bladder. An appropriate retractor is placed into the vagina to allow for surgical visualization. The ischial spine and other relevant surgical landmarks are identified by palpation. An incision is made on the apical vaginal wall. Dissection through the subepithelial tissues is made and hemostasis is obtained. The peritoneum is identified and sharply opened with attention on intraperitoneal structures. The visible intrabdominal structures are examined, and the bowel is packed high out of the surgical field using appropriate surgical packing materials. The uterosacral ligaments are identified and grasped with clamps. Tension is placed on the ligaments to assist with identification and palpation moving cephalad. The ischial spines are palpated transperitoneally. The ureters are palpated and their distance and direction from the uterosacral ligaments is noted. A delayed absorbable suture is placed through the uterosacral ligament distally on one side and through a portion of the posterior peritoneum wall medially to close dead space. This suture is tagged for later identification. The ligaments are again palpated more proximally and lateral to the first suture. The ureters are again palpated and their relative positions noted. A second suture is then placed through the uterosacral ligament and tagged for later identification. A minimal of 3 sutures are placed in this same fashion. The process is repeated on the contralateral ligament to create a matching suture pair. The Foley catheter is removed. A cystoscope is placed, and the bladder is surveyed for abnormality or trauma. Ureteral patency is confirmed by any method. In sequence, from cephalad to caudal position, each of the suture pairs previously placed is tensioned, and the ureters observed for patency while the sutures are tensioned. The cystoscope is removed, and the Foley catheter is replaced. The bowel packing is removed. Viscous safety and hemostasis is confirmed. The sutures are appropriately fixed to the vaginal mucosae and endopelvic fascia. Any remaining enterocele defect is repaired using suture material. The apical mucosal closing suture is placed and tagged. The uterosacral ligament sutures are individually tensioned to return the

vaginal apex to a normal anatomic position and the sutures are individually tied. Retroperitoneal hemostasis is ensured. Cystoscopy is repeated to ensure absence of trauma to the bladder and demonstrate ureteral patency. The vaginal mucosal suture is closed. The foley catheter is replaced. The vagina is packed with vaginal packing. Rectal examination is performed. Sponge count, needle count and instrument count is confirmed.

Description of Post-Service Work: A surgical debriefing is performed with the circulating nurse for wound classification, estimated or quantitative blood loss and procedure verification. Immediate operative note is written in the patient chart. Transfer of the patient to the recovery area is supervised. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Documentation of the surgical procedure is accomplished into the EMR by dictation. The patient's condition, operative findings, and anticipated outcome are related to the HIPPA contact. The patient is seen prior to discharge to assure stability for home care, including review of any lab results and voiding function after removal of the foley catheter. The patient is informed of procedural findings and care plan related to foley catheter management if needed at home. Discharge instructions regarding post-operative appointments, physician contact information, pain management, clinical warning signs and activity level is discussed.

Visit 1 (7–14 days):
The patient is questioned about her postoperative course, including query of fever, nausea, vomiting, pain, bleeding, shortness of breath, lower extremity edema, and neurologic dysfunction. Voiding activity is thoroughly reviewed, with emphasis on completion of micturition, incontinence, frequency, urgency, hematuria, nocturia, and dysuria. Defecatory function is reviewed. Vital signs are reviewed. Examination is performed including general evaluation, abdomen, and genitourinary system, with focus on the mons pubis, vulva, urethra, vagina, vaginal incision and lower extremity lymphatics. Granulation tissue is addressed. If the patient has a foley catheter due to failed voiding trial in the hospital, retrograde filling of the bladder is performed prior to removal of the foley catheter. A voiding trial is performed. The patient is counseled regarding progression of activities, limitations, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to address any defecatory or voiding dysfunction. Documentation of this examination is completed within the EMR.

Visit 2 (4–6 weeks):
The patient is questioned about her postoperative progress, including any fever, pain, bleeding and neurologic dysfunction. Defecatory function is evaluated. Voiding activity is thoroughly reviewed, with review of completion of micturition, incontinence, frequency, urgency, hematuria, nocturia, and dysuria. Vital signs are reviewed. Examination is performed including general evaluation, abdomen, and genitourinary system, with focus on the vulva, urethra, vagina, and vaginal apical incision integrity. Bimanual examination for vaginal caliber and banding is performed. Sexual function concerns and precautions are addressed. Postoperative instructions regarding progression of daily activities, and return to work are discussed. Future therapies for bladder and defecatory function are discussed, as needed. Documentation of this examination is created in the EMR. Corresponding operative reports are sent to a referring physician. Postoperative notes are created, collated, and signed for distribution.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Jon Hathaway, MD, PhD, Mitch Schuster, MD, Tom Turk, MD, Kyle Richards, MD, Drew Peterson, MD and Jonathan Kiechle, MD					
Specialty Society(ies):	ACOG and AUA					
CPT Code:	57283					
Sample Size:	691	**Resp N:**	127			
Description of Sample:	ACOG - Random Sample of Applicable Subset (AUGS) 345 practicing US MD/DO AUA - Random sample 346 practicing US MD/DO					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	11.00	**24.00**	40.00	150.00
Survey RVW:	10.00	13.51	**15.00**	16.50	25.01
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	2.00	60.00	**90.00**	120.00	240.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	57283	**Recommended Physician Work RVU: 13.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**33.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57260	090	13.25	**RUC Time**

CPT Descriptor Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58571	090	15.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	45,141

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	24,562

CPT Descriptor 2 Mastectomy, simple, complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 29.9 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 57283	Top Key Reference CPT Code: 57260	2nd Key Reference CPT Code: **58571**
Median Pre-Service Time	51.00	56.00	56.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	25.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**231.00**	**241.00**	**241.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	13%	55%	32%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	32%	68%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	16%	84%
Physical effort required	3%	21%	76%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	8%	92%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	26%	52%	22%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	59%	41%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	19%	81%
Physical effort required	7%	52%	41%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury.

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SURVEY	**57282**	**13.48**	**229**	**33, 8, 10**	**88**	**25**	**99238 (1/2) 99213 (2)**
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ADDITIONAL	58542	14.16	239	33, 8, 15	88	30	99238 (1/2) 99213 (2)
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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

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- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57283

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology How often? Commonly

Specialty urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,275
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 RUC Database

Specialty obstetrics/gynecology Frequency 4700 Percentage 89.09 %

Specialty urology Frequency 425 Percentage 8.05 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57283

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Colpopexy

TAB: 26

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FACILITY 32	FACILITY 31	FACILITY 38	FACILITY 39	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	57260	Combined anteroposterior colpo	47	0.100			13.25			241	33	8	15			90			30			0.5				2							
2nd REF	58571	Laparoscopy, surgical, with tota	20	0.119			15.00			241	33	8	15			90			30			0.5				2							
HARVARD	57282	Colpopexy, vaginal; extra-perito		0.014			7.97			295	27		25			70			27		2.5	1.0				2.5							
SVY	57282	Colpopexy, vaginal; extra-perito	127	0.113	9.30	13.48	14.96	15.95	25.01	257	40	10	10	1	57	88	115	240	25			1.0				2			0	10	15	30	132
		urology	*23*	*0.102*	*11.25*	*13.75*	*14.50*	*15.00*	*20.00*	*274*	*45*	*10*	*10*	*30*	*63*	*90*	*150*	*180*	*35*			*1.0*				*2*			*0*	*6*	*10*	*25*	*60*
		gynecology	*104*	*0.123*	*9.30*	*13.30*	*15.00*	*16.00*	*25.01*	*263*	*45*	*10*	*10*	*1*	*50*	*79*	*101*	*240*	*35*			*1.0*				*2*			*0*	*10*	*19*	*33*	*132*
REC	57282	25th pctl		0.106			13.48			229	33	8	10			88			25			0.5				2							
1st REF	57260	Combined anteroposterior colpo	38	0.100			13.25			241	33	8	15			90			30			0.5				2							
2nd REF	58571	Laparoscopy, surgical, with tota	27	0.119			15.00			241	33	8	15			90			30			0.5				2							
CURRENT	57283	Colpopexy, vaginal; intra-peritor		0.046			11.66			349	60	12	15			95			30	1	1	1.0				1	1						
SVY	57283	Colpopexy, vaginal; intra-peritor	127	0.111	10.00	13.51	15.00	16.50	25.01	259	40	10	10	2	60	90	120	240	25			1.0				2			0	11	24	40	150
		urology	*23*	*0.086*	*13.00*	*14.00*	*15.00*	*15.75*	*20.00*	*296*	*45*	*10*	*10*	*40*	*68*	*112*	*165*	*240*	*35*			*1.0*				*2*			*0*	*5*	*8*	*18*	*125*
		gynecology	*104*	*0.108*	*10.00*	*13.51*	*15.00*	*16.50*	*25.01*	*274*	*45*	*10*	*10*	*2*	*60*	*90*	*120*	*240*	*35*			*1.0*				*2*			*0*	*11*	*24*	*40*	*150*
REC	57283	25th pctl		0.104			13.51			231	33	8	10			90			25			0.5				2							

FACILITY DIRECT PE INPUTS **CPT CODE(S):**57282 & 57283

SPECIALTY SOCIETY(IES): ACOG & AUA

PRESENTER(S): Jon Hathaway, MD, Mitch Schuster, MD, Tom Turk, MD, Kyle Richards, MD, Drew Peterson, MD and Jonathan Kiechle, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	090
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
57282	A 69-year-old sexually active female presents with complaints of worsening pelvic pressure and the feeling of something protruding from the vagina. On examination she has apical prolapse of the vagina greater than or equal to 4 cm. An extra-peritoneal vaginal colpopexy is performed.
57283	A 71-year-old G3P3 patient presents complaining of vaginal bulging. Her pertinent physical examination reveals significant inversion of the vaginal apex 2 cm beyond the hymen. An enterocele is demonstrated at the vaginal apex. An intra-peritoneal vaginal colpopexy is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   ACOG and AUA convened a workgroup consisting of their CPT/RUC committee members and AUGS representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   CPT Codes 57282 and 57283 are current CPT codes with existing practice expense inputs. As such, we included the inputs on the PE spreadsheet.

3. Is this code(s) typically reported with an E/M service?

   No
   (See: 14 Medicare Same Day EM Billing Occurrences - January 2020 Codes)

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Staff coordinates scheduling of the procedure in the facility and arranges scheduling of surgical assistants, preoperative testing and preoperative assessment by facility anesthesia. Staff reviews preoperative medications to ensure high risk medication termination at appropriate time. Staff confirms the procedure being performed and answers any additional questions. Staff completes all preoperative forms required by the facility, employers, payers and referring providers. Staff ensures post-operative instructions are included in the patient admission packet for discharge distribution.

   b. Service period (includes pre, intra and post):

Staff coordinates first post-operative visit with clinical indication at discharge. Staff reviews post-operative communication protocol and clinical warning signs. Staff confirms receipt of post-operative prescriptions.

   c. Post-service period:

Staff obtains the operative documentation for physician review. Vital signs are obtained. Staff assists with positioning of the patient. Staff performs exam room cleaning after completion of the visit.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, pelvic exam	**SA051**	**pack**		**5.919**
lubricating jelly (K-Y) (5gm uou)		item	1	
pad, feminine mini		item	1	
swab, procto 16in		item	2	
specula, vaginal		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EQ168 light, exam – Office Visit Equipment Formula
EF031 table, power – Office Visit Equipment Formula

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**57282**		**57282**		**57283**		**57283**	
3		***RUC Collaboration Website***				*Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)*		*Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)*		*Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)*		*Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)*	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 26 Colpopexy Specialty: ACOG and AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 109.15**	**$ -**	**$ 80.33**	**$ -**	**$ 86.50**	**$ -**	**$ 80.33**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**162**	**0**	**138**	**0**	**135**	**0**	**138**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**12**	**0**	**6**	**0**	**12**	**0**	**6**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**90**	**0**	**72**	**0**	**63**	**0**	**72**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 59.94**	**$ -**	**$ 51.06**	**$ -**	**$ 49.95**	**$ -**	**$ 51.06**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7		7		7
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27								1		
89		99213 36 minutes	36				2.5		2		1		2
90		99214 53 minutes	53										
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**90.0**	**0.0**	**72.0**	**0.0**	**63.0**	**0.0**	**72.0**
99		**End: with last office visit before end of global period**											
100	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 46.70**	**$ -**	**$ 27.85**	**$ -**	**$ 34.79**	**$ -**	**$ 27.85**
102	SA048	pack, minimum multi-specialty visit	3.0815	pack			3		2		2		2
103	SA051	pack, pelvic exam	10.666	pack			3		2		2		2
104	SA052	pack, post-op incision care (staple)	4.928	pack			1						
105	SB006	drape, non-sterile, sheet 40in x 60in	0.176	item			3		2				2
106	SB014	drape, sterile, three-quarter sheet	3.645	item							2		
107													
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 2.52**	**$ -**	**$ 1.43**	**$ -**	**$ 1.76**	**$ -**	**$ 1.43**
112	EQ170	light, fiberoptic headlight w-source	3014.9315	Office Visits	0.01194575		90				63		
113	EF031	table, power	6030.195	Office Visits	0.016002488		90		72		63		72
114	EQ168	light, exam	1431.5035	Office Visits	0.003798819				72				72
115													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly*

January 2020

Laparoscopic Colpopexy – Tab 27

The Relativity Assessment Workgroup identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. The RUC recommends these services be surveyed for January 2020.

Compelling Evidence
The specialty societies presented compelling evidence for CPT code 57425 based on changes in surgical techniques and technology. Specifically, the technique is now much more standardized than when this service was last surveyed in 2003. All the steps are now standard and must be followed to get a definitive result. Reports of complications from mesh, first introduced in 2003, increased dramatically from 2007-2011 due to different types of meshes used. As a result, the technique was refined and limited the number of meshes available. This decreased the complication rate and has changed the work. Functional MRI studies have provided more information on the essential steps. The functional MRI studies have increased what is known about pelvic organ prolapse and what structures are important for successful repair. The specialty society provided a series of articles as supporting documentation to illustrate that knowledge of the pelvic floor and pelvic support is increasing. Additionally, new information on complications have shown which mesh types to use and the proper way to attach them to the vagina and the sacrum (permanent, monofilament). Avoiding these complications requires more extensive dissection of both sites to identify the lumbar disk and to reperitonealize the mesh. Extending dissection down to the bladder neck anteriorly and to the perineal body posteriorly with increased sutures to secure mesh attachment to the vagina has been shown to avoid additional complications. This dissection is difficult and requires more time, as shown in the survey. The RUC approved the specialty societies' compelling evidence argument based on changes in surgical techniques and technology.

57425 ***Laparoscopy, surgical, colpopexy (suspension of vaginal apex)***
The RUC reviewed the survey results from 104 obstetricians/gynecologists and urologists and determined that the survey 25th percentile work RVU of 18.02 accurately reflects the typical physician work necessary to perform this service. The RUC recommends 33 minutes of pre-service evaluation time, 8 minutes of pre-service positioning time, 15 minutes of pre-service scrub/dress/wait time, 180 minutes of intra-service time, 50 minutes of immediate post-service time, one half-day discharge (99238), and two office visits (99213). The RUC recommends pre-service time package 3 and post-service time package 9B. The Centers for Medicare & Medicaid Services (CMS) labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as *23-hour stay outpatient services*. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (e.g. 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intra-service portion of the typically performed subsequent hospital visit to the immediate

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post-service time of the procedure. If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. Survey code 57425 meets all of these criteria, as the 2018 Medicare claims data shows that it was performed 86 percent of the time in the hospital outpatient setting, 90 percent of survey respondents indicated that their typical patient stays overnight and also indicated that a same-day 99232 hospital visit is typical. Therefore, it is appropriate to add 20 minutes of time (the intra-service time of 99232) to the immediate post-service period to increase the immediate post-service time to 50 minutes.

The RUC initially compared the survey code to both top key reference codes 58572 *Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;* (work RVU=17.71 and intra-service time of 120 minutes) and 49655 *Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated* (work RVU= 16.84 and intra-service time of 150 minutes) and noted that the survey code requires more physician time and work than both key reference services and thus valued appropriately. The RUC also compared the survey code to CPT code 69930 *Cochlear device implantation, with or without mastoidectomy* (work RVU= 17.73, intra-service time of 180 minutes, and total time of 387 minutes) and noted that both codes have identical intra-service time, similar total time and should be valued similarly. Additionally, the RUC compared the survey code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180 minutes, and total time of 383 minutes) and noted that both codes have identical intra-servive time and similar total time. The RUC agreed that both reference codes 66930 and 42420 appropriately bracket the survey code, further warranting the recommended survey 25th percentile work value of 18.02. **The RUC recommends a work RVU of 18.02 for CPT code 57425.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	090	18.02

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:57425 Tracking Number Original Specialty Recommended RVU: **18.02**
Presented Recommended RVU: **18.02**
Global Period: 090 Current Work RVU: **17.03** RUC Recommended RVU: **18.02**

CPT Descriptor: Laparoscopy, surgical, colpopexy (suspension of vaginal apex)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old sexually active G5P5 has developed a recurrent, symptomatic anterior and apical prolapse despite prior vaginal hysterectomy with native tissue repairs in all compartments. Examination documents prolapse of the vaginal vault through the introitus with adequate distal support. A laparoscopic sacral colpopexy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 9% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 22%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 60%

Description of Pre-Service Work: The admission history and physical exam is reviewed. Pertinent laboratory results and imaging studies are reviewed. The discontinuation of any high-risk medication is verified. Surgical care improvement project (SCIP) measures are addressed including appropriate antibiotic administration synchronized with expected incision time and the method of DVT prophylaxis implemented. The procedure is verified with the patient and final surgical questions from the patient are answered. The patient is transferred in the OR and positioned on the table. Sequential compressive devices are applied and activated. The patient is placed at the appropriate height on the table and adjusted safely into a dorsal lithotomy position protecting possible neural injury sites with appropriate padding. Deep Trendelenburg positioning is performed and ventilation safety is confirmed with anesthesia. The patient is returned to a supine position and surgical lighting is positioned. The extent of surgical preparation is delineated. Laparoscopic video screens are placed for the relevant members of the surgical team. The physician scrubs and gowns. The patient is draped. The surgical time-out is performed. Surgical fire risk is identified.

Description of Intra-Service Work: An indwelling Foley catheter is placed into the bladder. EEA sizers are placed in the vagina and rectum. The abdomen is inspected thoroughly and port site locations are demarcated for appropriate triangulation and external manipulation. Infiltration with local anesthetic is performed for camera port placement. The incision is made and pneumoperitoneum is created by any method. A laparoscopic camera is placed. The abdomen is surveyed visually. The patient is placed in deep Trendelenburg position. The remaining ports are placed under direct visualization. Deeper inspection of the pelvis is performed with identification of the vaginal apex though EEA sizer manipulation externally and bowel manipulation internally. The peritoneum is incised near the vaginal apex and the vesico-vaginal plane is identified and developed sharply in the true avascular space using traction and counter-traction. Hemostasis is maintained thoroughly to affirm dissection in the appropriate plane. The dissection is continued distally to the urethral-vesical neck as identified by the foley bulb and vasculature. The dissection is continued laterally in the anterior compartment to provide room for graft placement. Attention is then turned to the recto-vaginal septum dissection. The recto-vaginal septum is placed in a traction / counter-traction position to aid with sharp creation of this avascular space. The dissection begins at the vaginal apex and continues caudally the length of the posterior compartment that can be safely visualized and dissected dependent on pubic symphysis prominence, pelvic shape and obesity. Careful attention to the rectum is maintained to avoid injury. The surgical field then changes to the low abdomen and sacral promontory. The

bowel is repositioned with gentle manipulation. The vascular bifurcation is identified especially noting the medial edge of the left common iliac vein. Both ureters are identified. The descending colon is manipulated laterally to assist development of the promontory peritoneal incision. Presacral fat is dissected and removed below the peritoneum and the middle sacral vasculature is identified and evaluated for possible injury with suture placement into the anterior longitudinal ligament. Sacral nerves are identified to avoid injury. Peritoneal dissection is continued from the promontory dissection down the right lateral wall to the prior posterior apical dissection of the deep pelvis with careful identification of the right ureter laterally and sigmoid colon medially. Hemostasis is maintained during this dissection. Measurements of the anterior and posterior compartment dissections are determined and the surgeon leaves the operative field to create the appropriate Y shaped graft needed for correcting the defect. Suture lengths are determined for intraperitoneal knot tying. The surgical field is changed back to the deep pelvis and the graft is placed intraperitoneally and oriented to correct the anatomic defect. Maintaining alignment with the vaginal canal, the anterior compartment mesh is secured with multiple interrupted sutures to the anterior vaginal mucosae distally to the extent of the prior dissection. The posterior compartment arm of the mesh is secured to the posterior vaginal mucosae as deep as the prior dissection. The surgical field is changed back to visualization of the sacral promontory. The prior retroperitoneal vasculature dissection is reidentified at the promontory. Two sutures are placed through the cephalad arm of the mesh and through the anterior longitudinal ligament with the correct degree of apical support being maintained while avoiding the significant vascular and neural structures. The permanent sutures are tied when the appropriate degree of apical support is obtained. Excessive cephalad mesh is excised. The vaginal sizer is relaxed and the mesh attachment is reevaluated for adequate support without tension. Copious irrigation is performed and hemostasis is confirmed. Reperitonealization of the cephalad arm is performed with careful attention to the right ureter. The anterior and posterior arms of the mesh are carefully reperitonealized to avoid injury to the bladder and sigmoid colon while obtaining complete mesh coverage and avoiding a site for small bowel migration leading to post-operative obstruction. Pneumoperitoneal pressure is dropped to reconfirm hemostasis and the surgical equipment is removed. Closure is performed on the fascia and deep layers for all ports greater than 8mm. The abdomen is deflated as the ports are removed. Subcuticular wound closure is performed and appropriate dressings placed. Vaginal examination confirms adequate support and no exposed suture or graft material. The foley catheter is removed and cystoscopy is performed for bladder or urethral injury. Bilateral ureteral efflux is confirmed by any method. The cystoscope is removed and the foley catheter is replaced. Rectal examination is performed. Sponge count, instrument count, and needle count is confirmed.

Description of Post-Service Work: A surgical debriefing/closing time out is performed with the circulating nurse and anesthesia staff for wound classification, procedure verification and classification. Immediate operative note is written in the patient chart. Assistance with transfer of the patient to the recovery area is performed. Recovery orders and postoperative medications are completed through computer entry. Appropriate SCIP measures are identified and addressed. Documentation of the surgical procedure is accomplished into the EMR. The patient's condition, operative findings, and anticipated outcome are related to the HIPPA contact. After emergence from anesthesia, the patient is informed of procedural findings and postoperative blood work and urinalysis results are reviewed with the patient. An operative report is dictated, and a copy is sent to the referring physician(s). The patient is discharged from the recovery room. Patient-care orders are written, and floor care is discussed with nursing staff.

Later on the day of surgery: Interval chart notes are reviewed. Education regarding valsalva voiding and voiding trials are discussed with the patient relative to the amount of anesthetic time and amount of bladder dissection. Voiding trial is initiated and assessed. Nursing staff is instructed on voiding trials to be continued throughout the evening. Surgical wounds are assessed. Pain score is assessed. DVT prophylaxis is continued and need for beta blocker is assessed and ordered as required. The need for antibiotics is assessed, and antibiotics are ordered as required. Orders for patient activity are written. Patient progress notes are charted. Patient and family questions are answered. Nursing and/or other staff questions are answered.

Next day discharge management: Interval chart notes are reviewed. Voiding documentation is reviewed. The patient is informed of care plan related to voiding and/or catheter management, if needed, at home. Pain score is assessed. Home restrictions (eg, diet, activity, bathing) are discussed with patient and family members. Wound care is reviewed. Medications are reconciled, and orders for discharge medications are written. All appropriate medical records are completed, including day-of-discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Visit 1 (7–14 days):

The patient is questioned about her postoperative course, including query of fever, nausea, vomiting, pain, bleeding, shortness of breath, lower extremity edema, and neurologic dysfunction. Voiding activity is thoroughly reviewed, with emphasis on completion of micturition, frequency, urgency, hematuria, nocturia, incontinence and dysuria. Defecatory function is reviewed. Vital signs are reviewed. Examination is performed including general evaluation, abdomen and genitourinary system with focus on the incision sites and abdominal discomfort. If the patient has a foley catheter due to failed voiding trial in the hospital, retrograde filling of the bladder is performed; The Foley catheter is removed, and a voiding trial is performed. The patient is counseled regarding progression of activities, limitations, expected findings of vaginal discharge, bleeding, and future sexual activity. Appropriate changes in activities and medications are discussed to address any defecatory or voiding dysfunction. Documentation of this examination is completed within the EMR.

Visit 2 (4–6 weeks):

The patient is questioned about her postoperative progress including query of fever, pain, bleeding, and neurologic dysfunction. Voiding activity is thoroughly reviewed, with review of completion of micturition, frequency, urgency, hematuria, nocturia, incontinence and dysuria. Defecatory function is evaluated. Vital signs are reviewed. Examination is performed including general evaluation, abdomen, and genitourinary system, with focus on the vulva, urethra, vagina, and vaginal apex. Bimanual examination for vaginal caliber and banding is performed. Sexual function concerns and precautions are addressed. Compartment support and any exposed mesh or sutures are treated. Postoperative instructions regarding progression of daily activities and return to work are discussed. Future therapies for bladder and defecatory function are discussed, as needed. Documentation of this examination is created in the EMR. Corresponding operative documents are sent to a referring physician. Postoperative notes are created, collated, and signed for distribution.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Jon Hathaway, MD, PhD, Mitch Schuster, MD, Tom Turk, MD, Kyle Richards, MD, Drew Peterson, MD and Jonathan Kiechle, MD		
Specialty Society(ies):	ACOG and AUA		
CPT Code:	57425		
Sample Size:	688	**Resp N:**	104
Description of Sample:	ACOG - Random Sample of Applicable Subset (AUGS) 345 practicing US MD/DO AUA - Random sample 343 practicing US MD/DO		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	12.00	**21.00**	48.00	180.00
Survey RVW:	15.00	18.02	**20.00**	23.63	35.42
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	6.00	150.00	**180.00**	240.00	330.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	57425	**Recommended Physician Work RVU: 18.02**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**50.00**	**33.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	46.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58572	090	17.71	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49655	090	16.84	**RUC Time**

CPT Descriptor Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	24,562

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	37,246

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incisiond

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 76 **% of respondents:** 73.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 11.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 57425	Top Key Reference CPT Code: 58572	2nd Key Reference CPT Code: **49655**
Median Pre-Service Time	56.00	56.00	70.00
Median Intra-Service Time	180.00	120.00	150.00
Median Immediate Post-service Time	50.00	30.00	50.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	46.0	46.00	55.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**351.00**	**271.00**	**344.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	1%	28%	71%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	13%	87%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	0%	100%
Physical effort required	1%	17%	82%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	1%	4%	95%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	50%	33%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The RAW identified services performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within the global period and 2018e Medicare utilization over 5,000. CPT Code 57425 was identified in the screen.

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in the value for CPT code 57425 based on evidence that physician work has increased due to several factors. First, the technique is now much more standardized than it was in April 2003. Previously, the DOW was typical, but now is standard. All the steps must be followed to get a good result. Reports of complications from mesh (first introduced in 2003) increased dramatically from 2007-2011 and resulted in a black box warning from the FDA in July 2011 (attached). The FDA reported that one factor in the increase was due to the multiple different types of meshes used. As a result, the surgical community refined the technique and limited the number of meshes available. This decreased the complication rate but has changed what was surveyed in 2003. Second, new knowledge from functional MRI studies as well as additional research data on the type of mesh to use has been published, giving more information on the essential steps. Attached is the latest in a series of articles by Dr. DeLancey showing our ever expanding knowledge of the pelvic floor and pelvic support. Even now, we are learning new knowledge about pelvic organ prolapse and what structures are important to the successful repair. Third, new information on the myriad of complications—attaching mesh to lumbar disks, bowel erosion, bladder erosion, etc,—have shown the proper mesh types to use (polypropylene, macroporous) and the proper way to attach it to the vagina and the sacrum (permanent, monofilament). Finding these structure and avoiding the complications requires more extensive dissection of both sites to identify the lumbar disk and to reperitonealize the mesh. Fourth, extending dissection down to the bladder neck anteriorly and to the perineal body posteriorly with increased sutures to secure mesh attachment to the vagina has been shown to avoid additional complication. However, this dissection is difficult and requires more intraservice time as shown in the survey.

Positioning Time

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. Confirmation that no compression of nerves in the arms, hands, legs and feet is performed and hip flexion is evaluated for possible nerve stretch injury.

Post Time

The survey data reported 30 minutes of immediate post time, one hospital visit (99232), one discharge (99238) and two office visits. The specialty societies did not include a 99232 in the recommendations because the Medicare indicate that the procedure is typically outpatient. The survey indicated that an E/M was typical. As such, the specialty societies are recommending 50 minutes of post time = 30 minutes (survey immediate) plus 20 minutes (intra time for 99232) per CMS 23-hour stay policy[1].

Relativity and Recommendations

[1] CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.
If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation.

The specialties received over 100 completed RUC physician work surveys from physicians. The multispecialty consensus panel reviewed the survey data and believes the 25th percentile 18.02 wRVU appropriately ranks the procedure within other 90 day global services, within the specialites and the overall fee schedule.

	CPT	Work RVU	Total Time	Pre	Intra	Post	
MPC	19303	15.00	283	40, 3, 15	90	30	99238 (1/2) 99213 (2), 99214 (1)
REFERENCE	49655	16.84	344	40, 15, 15	150	50	99238 (1/2) 99212 (2), 99213 (1)
REFERERNCE	58572	17.71	271	33, 8 15	120	30	99238 (1/2) 99213 (2)
SURVEY	**57425**	**18.02**	**351**	**33, 8, 10**	**180**	**50**	**99238 (1/2) 99213 (2)**
ADDITIONAL	42420	19.53	383	40, 12, 20	180	50	99238 (1/2) 99212 (1), 99213 (2)
ADDITIONAL	58546	19.94	394	60	180	30	99238 (1) 99232 (1), 99213 (2)
MPC	35301	21.16	404	40, 15, 20	120	30	99238 (1), 99213 (2) 99232 (1), 99233 (1)
ADDITIONAL	55866	26.80	442	33, 20, 15	180	30	99238 (1), 99232 (1) 99213 (2), 99214 (1)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 57425

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology How often? Commonly

Specialty urology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,882
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 RUC database

Specialty obstetrics/gynecology Frequency 6025 Percentage 67.83 %

Specialty urology Frequency 2400 Percentage 27.02 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 57425

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Laparoscopic Colpopexy

TAB: 27

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Facility 33	Facility 32	Facility 31	Facility 38	Facility 39	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	58572	Laparoscopy, surgical, with tota	76	0.112			17.71			271	33	8	15			120			30				0.5				2							
2nd REF	49655	Laparoscopy, surgical, repair, ir	12	0.079			16.84			344	40	15	15			150			50				0.5				1	2						
CURRENT	57425	Laparoscopy, surgical, colpopexy (sus		0.072			17.03			404	60	10	20			120			30		2		1.0				2						
SVY	57425	Laparoscopy, surgical, colpopex	104	0.071	15.00	18.02	20.00	23.63	35.42	429	45	15	15	6	150	180	240	330	30		1		1.0				2			1	12	21	48	180
		urology	*79*	*0.073*	*16.00*	*18.50*	*20.00*	*24.00*	*35.42*	*414*	*50*	*15*	*15*	*6*	*145*	*180*	*240*	*330*	*30*		*1*		*1.0*				*2*			*1*	*15*	*24*	*50*	*125*
		gynecology	*25*	*0.065*	*15.00*	*17.00*	*19.00*	*21.00*	*28.25*	*414*	*40*	*15*	*15*	*90*	*180*	*190*	*240*	*300*	*30*		*1*		*1.0*				*2*			*2*	*10*	*15*	*30*	*180*
REC	57425	25th percentile		0.074			18.02			351	33	8	15			180			50				0.5				2							

FACILITY DIRECT PE INPUTS **CPT CODE(S):**57425

SPECIALTY SOCIETY(IES): ACOG & AUA

PRESENTER(S): Jon Hathaway, MD, Mitch Schuster, MD, Tom Turk, MD, Kyle Richards, MD, Drew Peterson, MD and Jonathan Kiechle, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
57425	A 63-year-old sexually active G5P5 has developed a recurrent, symptomatic anterior and apical prolapse despite prior vaginal hysterectomy with native tissue repairs in all compartments. Examination documents prolapse of the vaginal vault through the introitus with adequate distal support. A laparoscopic sacral colpopexy is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   ACOG and AUA convened a workgroup consisting of their CPT/RUC committee members and AUGS representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   CPT Code 57425 is a current CPT code with existing practice expense inputs. As such, we included the inputs on the PE spreadsheet.

3. Is this code(s) typically reported with an E/M service?

   CPT Code 57425 is NOT reported with E/M services
   (See: 14 Medicare Same Day EM Billing Occurrences - January 2020 Codes)

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

5. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

7. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Staff coordinates scheduling of the procedure in the facility and arranges scheduling of surgical assistants, preoperative testing and preoperative assessment by facility anesthesia. Staff reviews preoperative medications to ensure high risk medication termination at appropriate time. Staff confirms the procedure being performed and answers any additional questions. Staff completes all preoperative forms required by the facility, employers, payers and referring providers. Staff ensures post-operative instructions are included in the patient admission packet for discharge distribution.

   b. Service period (includes pre, intra and post):

Staff coordinates first post-operative visit with clinical indication at discharge. Staff reviews post-operative communication protocol and clinical warning signs. Staff confirms receipt of post-operative prescriptions.

   c. Post-service period:

Staff obtains the operative documentation for physician review. Vital signs are obtained. Staff assists with positioning of the patient. Staff performs exam room cleaning after completion of the visit.

8. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

9. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

INVOICES

10. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

11. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

13. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**2.1122**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, pelvic exam	**SA051**	**pack**		**5.919**
lubricating jelly (K-Y) (5gm uou)		item	1	
pad, feminine mini		item	1	
swab, procto 16in		item	2	
specula, vaginal		item	1	

14. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

N/A

15. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EQ168 light, exam – Office Visit Equipment Formula
EF031 table, power – Office Visit Equipment Formula

17. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

18. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**57425**		**57425**	
3		***RUC Collaboration Website***				*Laparoscopy, surgical, colpopexy (suspension of vaginal apex)*		*Laparoscopy, surgical, colpopexy (suspension of vaginal apex)*	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 27 Laparoscopoic Colpopexy Specialty: ACOG and AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 87.90**	**$ -**	**$ 80.33**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**144**	**0**	**138**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**12**	**0**	**6**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**72**	**0**	**72**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 53.28**	**$ -**	**$ 51.06**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.37				
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36				2		2
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**72.0**	**0.0**	**72.0**
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**57425**		**57425**	
3		***RUC Collaboration Website***				*Laparoscopy, surgical, colpopexy (suspension of vaginal apex)*		*Laparoscopy, surgical, colpopexy (suspension of vaginal apex)*	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 27 Laparoscopoic Colpopexy Specialty: ACOG and AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 87.90**	**$ -**	**$ 80.33**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**144**	**0**	**138**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**12**	**0**	**6**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**72**	**0**	**72**
100	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 32.61**	**$ -**	**$ 27.85**
102	SA048	pack, minimum multi-specialty visit	3.0815	pack			2		2
103	SA051	pack, pelvic exam	10.666	pack			2		2
104	SA054	pack, post-op incision care (suture)	4.7635	pack			1		
105	SB006	drape, non-sterile, sheet 40in x 60in	0.176	item			2		2
106									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 2.01**	**$ -**	**$ 1.43**
112	EQ170	light, fiberoptic headlight w-source	3014.9315	Office Visits	0.01194575		72		
113	EF031	table, power	6030.195	Office Visits	0.016002488		72		72
114	EQ168	light, exam	1431.5035	Office Visits	0.003798819				72
115									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 20,000

January 2020

X-Ray of Eye – Tab 28

In April 2019, the Relativity Assessment Workgroup lowered the threshold of CMS/Other source codes with Medicare utilization over 20,000. CPT code 70030 was identified in the updated screen.

Compelling Evidence
The RUC reviewed and agreed that there is compelling evidence to recommend an increase in the value for CPT code 70030 *Radiologic examination, eye, for detection of foreign body* because the prior methodology for valuing the code is unknown and considered flawed, as the source is CMS/Other. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. **The RUC agreed that there is compelling evidence that incorrect assumptions were made in the previous valuation of the service.**

70030 *Radiologic examination, eye, for detection of foreign body*
The RUC reviewed the survey results from 49 radiologists and determined that the survey 25th percentile work RVU of 0.18 accurately reflects the typical physician work necessary for this service. The RUC recommends 1 minute pre-service time, 3 minutes intra-service time and 1 minute post-service time. The service is typically a two view x-ray of the orbits involving axial structures performed on patients with whom there is clinical concern for metallic foreign body in the eye or orbital soft tissues (i.e., patients with a history of working with metal (welding, grinding, machinist) or have had metal fragments/filings in their eyes). The service can also be performed on patients whose history is unknown or cannot be obtained. An MRI is contraindicated if a ferromagnetic foreign body is suspected because the magnetic force may cause a metallic foreign body to heat up and and/or move, causing serious damage to surrounding tissues. The specialty societies originally recommended the survey median post-service time of 2 minutes. The specialties explained that the technologist identifies some concerning feature of the patient history and does the orbital exam to rule out a foreign body in order to gain clearance for a needed MRI. This means that after the exam is performed the technologist must contact the radiologist immediately by phone to discuss the results of the exam so that the technologist can move forward with the MRI in real time, if no foreign body is found. Although communication takes place for all x-ray codes, 70030 requires the radiologist to take the call from the technologist, close out of the study they are currently reviewing, immediately interpret the images for presence of orbital foreign body, and relay that interpretation back to the technologist who is waiting on the phone. The RUC reduced the time to 1 minute because although the communication by phone between the technologist and the physician must take place immediately, the RUC disagreed that the phone call requires an additional minute and agreed that the time necessary is consistent with other radiological examinations.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared the survey code to the top key reference service, CPT code 70220 *Radiologic examination, sinuses, paranasal, complete, minimum of 3 views* (work RVU = 0.22, 4 minutes intra-service time and 6 minutes total time). Although the intensity is similar because the anatomy is similar, CPT code 70220 typically includes 3 views while CPT code 70030 typically includes 2 views, both involving axial structures. The additional view in the key reference service accounts for the additional minute of intra service time, and the slightly lower work RVU for the survey code. The RUC also compared the survey code to MPC code 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16, 4 minutes intra-service time and 6 minutes total time), noting that the survey code requires evaluation of axial anatomy which is more complex, accounting for the higher work RVU for 70030. **The RUC recommends a work RVU of 0.18 for CPT code 70030.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70030	Radiologic examination, eye, for detection of foreign body	XXX	0.18

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70030 Tracking Number Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.18**

CPT Descriptor: Radiologic examination, eye, for detection of foreign body

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Prior to an MRI, a 65-year-old man with a history of metal in his eye has an x-ray performed to evaluate for foreign body, which could be a contraindication to MRI.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation for foreign bodies and if present, their location, composition, and proximity to vital vascular or neurologic structures which could result in complications during MRI. Evaluate the visualized bones, sinuses, and soft tissues. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the technologist. Findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Kurt Schoppe, MD; Lauren Golding, MD; Andy Moriarity, MD; Melissa Chen, MD; Ryan Lee, MD					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70030					
Sample Size:	2747	**Resp N:**	49			
Description of Sample:	The American College of Radiology (ACR) surveyed a random sample of 375 members as well as a randomized subset of 375 members who indicated that they perform radiographic and neuro imaging procedures (total of 750 ACR members). The American Society of Neuroradiology (ASNR) performed a random sample of 1,997 of its membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**18.00**	40.00	250.00
Survey RVW:	0.13	0.18	**0.20**	0.22	0.30
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	15.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70030	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70220	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, sinuses, paranasal, complete, minimum of 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73140	XXX	0.13	**RUC Time**

CPT Descriptor Radiologic examination, finger(s), minimum of 2 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	274,741

CPT Descriptor 1 Radiologic examination, hand; 2 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	18,809,968

CPT Descriptor 2 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

Other Reference CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 57.1 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 70030	**Top Key Reference CPT Code:** 70220	**2nd Key Reference CPT Code:** **73140**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	39%	46%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	46%	18%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	32%	61%	7%
Physical effort required	18%	79%	4%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	4%	89%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	57%	29%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	57%	29%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	71%	14%
Physical effort required	0%	86%	14%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 70030 (*Radiologic examination, eye, for detection of foreign body*) was identified on the screen for CMS/Other codes with Medicare utilization over 20,000. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed this code for the January 2020 RUC meeting and convened an expert panel of physicians familiar with these services to review the survey data.

CPT code 70030 is typically performed on patients with whom there is clinical concern for metallic foreign body in the eye or orbital soft tissues (i.e. patients with a history of working with metal (welding, grinding, machinist) or have had metal fragments/filings in their eyes). CPT code 70030 is also performed in patients in whom history is unknown or cannot be obtained. An MRI is contraindicated if a ferromagnetic foreign body is suspected because the magnetic force may cause a metallic foreign body to heat up and and/or move, causing serious damage to surrounding tissues.

Survey Process

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who indicated that they perform radiographic and neuroradiology procedures). The ASNR surveyed a random sample of 1,997 of their membership.

Work RVU and Time Recommendations

The expert panel recommends the 25th survey percentile value at 0.18 work RVU with survey times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service.

Compelling Evidence
We are requesting an increase in value for CPT code 70030. The prior methodology for valuing this code is unknown and considered flawed, as the source is CMS/Other. An increase in value for this code is justified by the survey data, comparisons with both KRS codes, and to maintain relativity within the RBRVS.

Key Reference Services for 70030

Our recommended work RVU of 0.18 compares favorably to the most commonly chosen key reference service, CPT code 70220 *(Radiologic examination, sinuses, paranasal, complete, minimum of 3 views)*. The recommended work RVU for 70030 is similar to (slightly less than) the most frequently chosen key reference service code, 70220. The intra service times of the surveyed code and 70220 are also similar and they have similar total times. CPT code 70220 typically includes 3 views while CPT code 70030 typically includes 2 views, both involving axial structures. The additional view in 70220 accounts for the additional minute of intra service time, and the slightly lower work RVU for the surveyed code 70030.

The second key reference service code, 73140 *(Radiologic examination, finger(s), minimum of 2 views)*, is also an x-ray code but involves a very different anatomic region of the body. Total times are similar, however 70030 images an axial anatomic region (the orbits), which is more intense work due to overlapping and complex anatomy. This increased intensity accounts for the higher work RVU for 70030.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	4	1	6	0.021
70030	**Radiologic examination, eye, for detection of foreign body**	**0.18**	**1**	**3**	**1**	**5**	**0.045**
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	0.22	1	4	1	6	0.044

MPC Codes for 70030

Our recommendation for CPT code 70030 compares favorably to three MPC codes:

MPC code 73120 *(Radiologic examination, hand; 2 views*) has similar total time as 70030, however 70030 requires evaluation of axial anatomy which is more complex, accounting for the slightly higher recommended work RVU for 70030.

MPC code 93010 *(Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only)* also has similar total time as 70030, and the two codes are appropriately valued almost identically in work RVU.

70030 requires more intense work in evaluating multiple body systems including respiratory, cardiac, musculoskeletal, upper abdominal, and soft tissues. This is reflected in the appropriately higher work RVU for 71046, compared to our recommended work RVU for 70030.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.029

93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	0.17		5	1	6	0.030
70030	**Radiologic examination, eye, for detection of foreign body**	**0.18**	**1**	**3**	**1**	**5**	**0.045**
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.044

Summary:

In summary, our expert panel recommends the 25th survey percentile value of 70030 at 0.18 work RVU with service period times of 1, 3, and 1 minute. The recommended value compares favorably with the key reference services, 70220 and 73140 and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) X-ray eye is typically performed before MRI scans when there is concern for a metallic foreign body in the orbits.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70030

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 72015
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70030 is estimated to be provided 72,015 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 65253 Percentage 90.61 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,005 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70030 is estimated to be provided 24,005 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 21751 Percentage 90.61 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70030

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Eye

TAB: 28

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	70220	XXX	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	28	0.044			0.22			6	1					4			1					
2nd REF	73140	XXX	Radiologic examination, finger(s), minimum of 2 views	7	0.021			0.13			6	1					4			1					
CMS/Other	70030	XXX	Radiologic examination, eye, for detection of foreign body		#DIV/0!			0.17			5														
SVY	70030	XXX	Radiologic examination, eye, for detection of foreign body	49	0.037	0.13	0.18	0.20	0.22	0.30	7	2			1	2	3	4	15	2	1	10	18	40	250
SVY - ACR	70030	XXX	Radiologic examination, eye, for detection of foreign body	22	0.055	0.13	0.16	0.20	0.22	0.30	6	2			1	2	2	4	5	2	1	10	17	48	200
SVY - Subset	70030	XXX	Radiologic examination, eye, for detection of foreign body	16	0.052	0.13	0.15	0.20	0.22	0.29	5	1			1	2	3	4	5	1	3	14	20	63	200
SVY - Random	70030	XXX	Radiologic examination, eye, for detection of foreign body	6	0.055	0.13	0.19	0.20	0.22	0.30	6	2			1	1	2	2	3	2	1	6	10	12	75
SVY - ASNR	70030	XXX	Radiologic examination, eye, for detection of foreign body	27	0.037	0.13	0.18	0.20	0.22	0.30	7	2			1	2	3	5	15	2	1	8	20	30	250
REC	70030	XXX	Radiologic examination, eye, for detection of foreign body		0.045			0.18			5	1					3			1					

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 70030**
SPECIALTY SOCIETY(IES): ACR, ASNR
PRESENTER(S): Kurt Schoppe, MD, Lauren Golding, MD, Andrew Moriarity, MD, Melissa Chen, MD, Ryan Lee, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

Vignette(s) (*vignette required even if PE only code(s)***):**

Surveyed CPT Code	**70030**	**Global Period: XXX**
CPT Code Descriptor	Radiologic examination, eye, for detection of foreign body	
Typical Patient/Service	Prior to an MRI, a 65-year-old man with a history of metal in his eye has an x-ray performed to evaluate for foreign body, which could be a contraindication to MRI.	

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The American College of Radiology and American Society of Neuroradiology convened a panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for X-ray of the eye.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   CPT code 70030 is a current code. As such, we included the existing direct practice expense inputs for this code on the PE spreadsheet.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No, CPT code 70030 is not typically reported with an E/M service.
   No, this code is not typically reported with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Diagnostic Radiology is the dominant provider in the nonfacility at 57%.
   Diagnostic Radiology is also the dominant provider for the global.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   n/a

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence*

guidelines) Please explain if the increase can be entirely accounted for because of an increase in physician time:

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

n/a

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We did not allocate any minutes to CA010.

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Confirm availability of prior images. Review clinical history and questionnaire, including history and details of metal exposure.

   b. Service period (includes pre, intra and post):

Prepare room and equipment. Position patient. Obtain necessary views (typically 2).

   c. Post-service period:

Clean room/equipment. QC images in PACS. Review exam with interpreting MD. Review findings with MR technologist. Scan documents into PACS. Complete exam in RIS system.

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Bring patient into x-ray room and have patient sit/lie on x-ray table or stand as appropriate. Place first cassette behind patient's head. Position patient's anatomy for the frontal (PA Waters) view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette from behind patient and place second cassette as needed. Position patient's anatomy for lateral view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out behind patient. The above steps are repeated for any additional views to be obtained (typical additional views would be AP and lateral or AP and modified Waters). All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

n/a

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

n/a

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

• **ED050 –Technologist PACS workstation** –PACS formula; Equals total service period time • **ED053 – Professional PACS workstation**– Equals physician work intra time + 1/2 physician work pre-time

- **EL012 – room, basic radiology** – Highly technical formula

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

The line items listed below have been increased from the outdated 2003 PE inputs to the 2019 standard PE inputs:

- **CA013** – *Prepare room, equipment, and supplies* (2 mins is standard)
- **CA016** – *Prepare, set up and start IV, initial positioning and monitoring of* patient (2 mins is standard)
- **CA024** – *Clean room/equipment by clinical staff* (3 mins is standard)
- **CA030 –** *Technologist QC's images in PACS, checking for all images, reformats, and dose page* (2 mins is baseline)
- **CA031** – *Review examination with interpreting MD/*DO (2 mins is baseline)
- **CA032** – *Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.* (1 min is baseline)

Additional clarifications:

- **CA006 –** *Confirm availability of prior images/studies –*
  If prior imaging exams exist, and are recent, then the exam can be cancelled (i.e. the radiologic technologist is looking for foreign bodies prior to MRI and sometimes the referring services are not aware that the radiologic technologist can see them on other scout images or x-ray studies).

- **CA007** – *Review patient clinical extant information and questionnaire –*
  The questionnaire has to be reviewed to understand what the radiologic technologist is looking for and why, specifically with reference to potential foreign bodies. For example, the patient works with machinery and may have metal shavings around their eyes, or the patient cannot consent but has surgical scars on their face and needs to be screened prior to MRI.

- **CA009-** *Greet patient, provide gowning, ensure appropriate medical records are available* - The societies acknowledge that 70030 is typically performed prior to an MRI (as depicted in the vignette) and therefore is billed together more than 50% of the time with an MRI code. We believe that the billed together data did not capture the MRI codes since there are multiple MRI codes that 70030 could be billed together with. While 70030 may not be billed with any single MRI code more than 50% of the time, it is typically billed with an MRI performed on the same patient on the same day. For this reason, the societies removed the 3 minutes from CA009 in order to avoid duplication of minutes.

- **CA021**- *Perform procedure/service—NOT directly related to physician work time* - we are reallocating the 6 minutes from CA018 *Assist physician or other qualified healthcare professional –directly related to physician work time (100%)* - to the more appropriate designation of CA021. We believe 6 minutes is still needed in order to perform 2-3 (typically 2) axial views for this procedure.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- **SB026**- *gown, patient*- The societies acknowledge that 70030 is typically performed prior to an MRI (as depicted in the vignette) and therefore is billed together more than 50% of the time with an MRI code. We believe that the billed together data did not capture the MRI codes since there are multiple MRI codes that 70030 could be billed together with. While 70030 may not be billed with any single MRI code more than 50% of the time, it is typically billed with an MRI performed on the same patient on the same day. For this reason, the societies removed the one gown in order to avoid duplication of supplies.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

n/a

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	I	J	K	L
1	**RUC Practice Expense Spreadsheet**				**CURRENT**		**RECOMMENDED**	
2					**70030**		**70030**	
3		***RUC Collaboration Website***			Radiologic examination, eye, for detection of foreign body		Radiologic examination, eye, for detection of foreign body	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: X-Ray Eye Specialties: ACR, ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**(Aug. 2003)**		**(Jan. 2020)**	
5		**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 18.99**	**$ -**	**$ 18.43**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L041B	Radiologic Technologist	**16.0**	**0.0**	**21.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L041B	Radiologic Technologist	**16.0**	**0.0**	**18.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ 6.56**	**$ -**	**$ 8.61**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms						
16	CA002	Coordinate pre-surgery services (including test results)						
17	CA003	Schedule space and equipment in facility						
18	CA004	Provide pre-service education/obtain consent						
19	CA005	Complete pre-procedure phone calls and prescription						
20	CA006	Confirm availability of prior images/studies	L041B	Radiologic			2	
21	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic			1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	3			
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	L041B	Radiologic	1		2	
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic	1		2	
41	CA017	Sedate/apply anesthesia						
45		*Other activity: please include short clinical description here and type new*						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041B	Radiologic Technologist	6			
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist			6	
55								
56		*Other activity: please include short clinical description here and type new*						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	2		3	
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041B	Radiologic	3		2	
69	CA031	Review examination with interpreting MD/DO	L041B	Radiologic			2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041B	Radiologic			1	
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management			**n/a**		**n/a**	
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
99		**End: with last office visit before end of global period**						
100	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 0.56**	**$ -**	**$ -**	**$ -**
102	SB026	gown, patient	0.5615	item	1			
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 11.87**	**$ -**	**$ 9.82**	**$ -**
112	ED050	Technologist PACS workstation	5557	PACS	16		18	
113	ED053	Professional PACS Workstation	15042.3005	Other Formula	3		4	
114	EL012	room, basic radiology	186983.186	Highly Technical	16		13	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 20,000

January 2020

Venography – Tab 29

In April 2019, the Relativity Assessment Workgroup lowered the threshold of CMS/Other source codes with Medicare utilization over 20,000. CPT code 75820 was identified in the updated screen and CPT code 75822 was reviewed as part of the family.

Compelling Evidence
The RUC reviewed and agreed that there is compelling evidence to recommend an increase in the value for CPT codes 75820 *Venography, extremity, unilateral, radiological supervision and interpretation* and 75822 *Venography, extremity, bilateral, radiological supervision and interpretation* based on evidence that there were incorrect assumptions made in the previous valuation, that there has been a change in patient population and a change in technology. First, the prior methodology for valuing the code is unknown and considered flawed, as the source is CMS/Other. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The specialty societies noted that comparison of the survey time results, and other RUC reviewed supervision and interpretation codes show that the existing value greatly underestimates the work of CPT codes 75820 and 75822. Second, there has been a change in physician work for CPT codes 75820 and 75822 since CMS assigned a value and time in 1992 due to changes in technique, technology, and patient population. In 1992, the typical patient underwent a venogram for purely diagnostic reasons. Today, the patient population has changed. CTA and MRA, as well as more widespread use of vascular ultrasound, have largely replaced purely diagnostic venography for most patients. Invasive catheter-based imaging is reserved for the most complex patients where intervention is being planned or considered. Improvements in technology including the transition from analog to digital imaging allow for the safer acquisition of significantly more and higher quality images of the peripheral and central venous system. Third, there has been a change in the dominant specialty. For 75820, in 1993, diagnostic radiology represented 94% of all claims and cardiology and vascular surgery represented less than 0.25% of the claims. In 2018, Medicare data indicate that diagnostic radiology is 21%, vascular surgery is 19%, cardiac electrophysiology is 19%, cardiology is 18%, interventional radiology is 9% of Medicare claims. This significant shift in specialties providing this service is consistent with the change in technique, technology and patient population. For 75822, in 1992, diagnostic radiology represented 93% of all claims, cardiology and vascular surgery represented less than 0.50% of the claims. In 2018, Medicare data indicate that diagnostic radiology is 22%, cardiology is 21%, vascular surgery is 18%, interventional radiology is 14% and interventional cardiology is 12% of 2018 Medicare claims. This significant shift in specialties providing this service is consistent with the change in technique, technology and patient population. **The RUC agreed that there is compelling evidence that there has been a change in the physician work necessary to perform these services as well as a change in the dominant specialty.**

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75820 ***Venography, extremity, unilateral, radiological supervision and interpretation***
The RUC reviewed the survey results from 161 cardiac electrophysiologists, radiologists, cardiologists, vascular surgeons, interventional radiologists and interventional cardiologists and determined that the survey 25th percentile work RVU of 1.05 accurately reflects the typical physician work necessary to perform this service. The RUC recommends 12 minutes pre-service time, 20 minutes intra-service time and 10 minutes post-service time. The work of this service involves a supervision and interpretation of a contrast injection and imaging of either the upper or lower extremity. A RUC member asked if there is overlap in the pre-service and post-service time that is part of this code and CPT code 36005 which the reported together data indicates is reported with the survey code slightly more than half the time. The specialty societies clarified that although it is typical for the same physician to perform both services, the pre-service time in code 36005 is positioning time related to preparing the limb for axis placement, whereas the positioning time for the survey code is to ensure that it is possible to perform imaging of the entire extremity. The specialty explained that the two services are very different and there is not overlap in the pre- and post-time. The specialty further explained that overall vascular imaging has higher pre- and post-service times than standard imaging because it is used to evaluate abnormalities that are more complex and require a more thorough evaluation. Further, although there was no survey conducted at the time that this code was initially valued, there has been a significant decrease in the volume of this code over that time period because MRI and CT studies have weeded out the people with normal studies and these codes are used almost exclusively for patients with abnormalities.

The RUC compared the survey code to the top key reference service, CPT code 75710 *Angiography, extremity, unilateral, radiological supervision and interpretation* (work RVU = 1.75 and 40 minutes intra-service time), noting that the intra-service time is greater justifying the higher work value. The RUC also compared the survey code to MPC code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86 and 10 minutes intra-service time), noting that the survey code has higher intra-service time justifying the higher work value. **The RUC recommends a work RVU of 1.05 for CPT code 75820.**

75822 ***Venography, extremity, bilateral, radiological supervision and interpretation***
The RUC reviewed the survey results from 159 cardiac electrophysiologists, radiologists, cardiologists, vascular surgeons, interventional radiologists and interventional cardiologists and determined that the survey 25th percentile work RVU of 1.48 accurately reflects the typical physician work necessary to perform this service. The RUC recommends 15 minutes pre-service time, 30 minutes intra-service time and 12 minutes post-service time. The RUC agreed that 10 more minutes intra-service time for this bilateral code when compared to the unilateral code, 75820, is appropriate. The work of this service involves supervision and interpretation of a contrast injection and imaging *on both* of either upper or lower extremities. A RUC member asked if there is overlap in the pre-service and post-service time that is part of this code and CPT code 36005 which the reported together data indicates is reported with the survey code slightly more than half the time. The specialty societies clarified that although it is typical for the same physician to perform both services the pre-service time in code 36005 is positioning time related to preparing the limb for axis placement, whereas the positioning time for the survey code is to ensure that it is possible to perform imaging of the

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entire extremity. The specialty explained that the two services are very different and there is not overlap in the pre- and post-time. The specialty further explained that overall vascular imaging has higher pre- and post-service times than standard imaging because it is used to evaluate abnormalities that are more complex and require a more thorough evaluation. Further, although there was no survey conducted at the time that this code was initially valued, there has been a significant decrease in the volume of this code over that time period because MRI and CT studies have weeded out the people with normal studies and these codes are used almost exclusively for patients with abnormalities.

The RUC compared the survey code to the top key reference service, CPT code 75716 *Angiography, extremity, bilateral, radiological supervision and interpretation* (work RVU = 1.97, 50 minutes intra-service time), noting that the intra-service time is greater justifying the higher work value. The RUC also compared the survey code to MPC code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, 10 minutes intra-service time), noting that the survey code has higher intra-service time justifying the higher work value. **The RUC recommends a work RVU of 1.48 for CPT code 75822.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
75820	Venography, extremity, unilateral, radiological supervision and interpretation	XXX	1.05
75822 (f)	Venography, extremity, bilateral, radiological supervision and interpretation	XXX	1.48

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75820 Tracking Number Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **1.05**
Global Period: XXX Current Work RVU: **0.70** RUC Recommended RVU: **1.05**

CPT Descriptor: Venography, extremity, unilateral, radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old man with a left subclavian pacemaker placement presents with left arm swelling and discomfort. Ultrasound (separately reported) shows possible left arm deep vein thrombosis involving the axillary and subclavian veins. A unilateral venogram is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Based on the patient's symptoms, signs, physical findings, and any preprocedural studies, the area of potential disease is determined within the extremity. Full visualization of the total region in question is ensured using venographic imaging. Consideration is given to extremity positioning, body habitus, limitation on movement due to underlying conditions, and overall patient positioning in order to ensure the best imaging of the extremity. Imaging equipment is assessed to ensure proper function. The risks due to the exposure to radiation and use of contrast agents are discussed with the patient and family. The equipment being used, the potential for claustrophobia, prolonged immobility, intermittent requests to not move and/or hold breath, and repositioning to ensure optimal imaging for interpretation is discussed. Additional attention is given to ensure the ability of desired fluoroscopic angles to be achieved given positioning and monitoring equipment.

Description of Intra-Service Work: Using radiographic landmarks, an optimal access site is determined. Upon access (catheterization separately reportable), multiple imaging angles are required to ensure complete visualization of the vasculature using a power injection for contrast administration. Total dosage and dilution of contrast along with injection rate and pressure for injection are communicated and verified. Complete visualization of the pertinent venous system is performed; this requires a test run prior to venographic imaging. During venographic interpretation, additional images and different angles are typically required due to the course of the vasculature as well as interference from overlying structures including other vessels and bony prominences. This requires prolonged visualization and interpretation due to multiple images. Magnified imaging is used, as necessary, for best visualization of potential vascular lesions as well as reformatting pixilation due to movement.

Description of Post-Service Work: All imaging studies are uploaded into the picture archiving and communication system. This includes reformatting due to movement or poor contrast flow into the affected region with peak opacification. Key digital subtraction venography images of areas of disease are selected. Key images are copied and sent to the referring physician through a secure portal.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Curtis Anderson, MD, Michael Hall, MD, Minhajuddin Khaja, MD, Matthew Sideman, MD, Robert Zwolak, MD, Francesco Aiello, MD, Kurt Schoppe, MD, Lauren Golding, MD, Andrew Moriarity, MD, Richard Wright, MD, Thad Waites, MD, Edward Tuohy, MD, Sergio Bartakian, MD, Edward Toggart, MD, David Slotwiner, MD and Mark Schoenfeld, MD					
Specialty Society(ies):	SIR, SVS, ACR, ACC, SCAI and HRS					
CPT Code:	75820					
Sample Size:	4500	**Resp N:**	161			
Description of Sample:	SIR - 250 random US practicing MDs/DOs SVS - 2500 US practicing MDs/DOs ACR - 750 random US practicing MDs/DOs ACC/SCAI - 500 random US practicing MDs/DOs HRS - 500 random US practicing MDs/DOs					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**15.00**	30.00	300.00
Survey RVW:	0.08	1.05	**1.68**	1.75	2.50
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	75820	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**12.00**	**0.00**	**12.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75710	XXX	1.75	**RUC Time**

CPT Descriptor Angiography, extremity, unilateral, radiological supervision and interpretation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76942	XXX	0.67	**RUC Time**

CPT Descriptor Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	265,137

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	240,866

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 108 **% of respondents:** 67.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 75820	Top Key Reference CPT Code: 75710	2nd Key Reference CPT Code: 76942
Median Pre-Service Time	12.00	15.00	7.00
Median Intra-Service Time	20.00	40.00	15.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**42.00**	**70.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	37%	50%	10%	1%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	31%	56%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	56%	10%
Physical effort required	21%	72%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	56%	36%	8%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	64%	21%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	64%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	36%	50%	14%
Physical effort required	29%	57%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	57%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2019 the Relativity Assessment Workgroup lowered the threshold of CMS/Other source codes to with Medicare utilization over 20,000. CPT Code 75820 was identified in this screen and CPT code 75822 was added as part of the "family".

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in the value for CPT code 75820 based on evidence that: (1) incorrect assumptions were made in the previous valuation; (2) physician work has increased due to changes in technique, knowledge/technology, and patient population; and (3) the dominant specialty has changed.

(1) Flawed methodology. CPT code 75820 has never been surveyed and is the result of CMS/other inputs. Comparison of the survey time results and other RUC reviewed supervision and interpretation codes show that the existing value greatly underestimates the work of CPT code 75820.

(2) Changes in physician work. We believe that there has been a change in physician work for CPT code 75820 since CMS assigned a value and time in 1992 due to changes in technique, technology, and patient population. In 1992, the typical patient underwent a venogram for purely diagnostic reasons. Today, the patient population has changed. CTA and MRA, as well as more widespread use of vascular ultrasound, have largely replaced purely diagnostic venography for the vast majority of patients. Invasive catheter based imaging is reserved for the most complex patients where intervention is being planned or considered. Improvements in technology including the transition from analog to digital imaging allow for the safer acquisition of significantly more and higher quality images of the peripheral and central venous system.

(3) Change in dominant specialty: In 1992, diagnostic radiology represented 95% of all claims and cardiology and vascular surgery represented less than 0.25% of the claims. In 2018, Medicare data indicate that cardiology is 44%, vascular surgery is 16% and diagnostic radiology is 22% of Medicare claims. This significant shift in specialties providing this service is consistent with the change in technique, technology and patient described in item 2 above.

Recommendations

We are recommending the survey 25th percentile wRVU of 1.05 with 12 pre, 20 intra and 10 post for a total time of 42 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This supervision and interpretation code can be reported with procedural codes. There is no one CPT code typically reported with 75820.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75820

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology/Interventional Cardiology/Cardio Electrophysiology How often? Commonly

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
25,093 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. More than 3 specialties participated in this survey. Please see the table at the end of this SOR with the current (2018) utilization data.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 75820

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2018c RUC Database Utilization for Surveying Specialties

Specialty	Spec %
Cardiac Electrophysiology	22.78%
Diagnostic Radiology	21.96%
Cardiology	18.35%
Vascular Surgery	15.97%
Interventional Radiology	9.64%
Interventional Cardiology	2.81%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75822 Tracking Number Original Specialty Recommended RVU: **1.48**
Presented Recommended RVU: **1.48**
Global Period: XXX Current Work RVU: **1.06** RUC Recommended RVU: **1.48**

CPT Descriptor: Venography, extremity, bilateral, radiological supervision and interpretation

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 64-year-old female with a history of multiple previous central venous catheter placements presents with upper extremity swelling. Ultrasound (separately reported) shows possible bilateral deep venous thrombosis. A bilateral venogram is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Based on the patient's symptoms, signs, physical findings, and any preprocedural studies, the area of potential disease is determined within the extremities. Full visualization of the total regions in question is ensured using venographic imaging. Consideration is given to the positioning of the extremities, body habitus, limitation on movement due to underlying conditions, and overall patient positioning in order to ensure the best imaging of the extremities. Imaging equipment is assessed to ensure proper function. The risks due to the exposure to radiation and use of contrast agents are discussed with the patient and family. The equipment being used, the potential for claustrophobia, prolonged immobility, intermittent requests to not move and/or hold breath, and repositioning to ensure optimal imaging for interpretation is discussed. Additional attention is given to ensure the ability of desired fluoroscopic angles to be achieved given positioning and monitoring equipment.

Description of Intra-Service Work: Using radiographic landmarks optimal access site is determined for each extremity. Upon access (catheterization separately reportable), multiple imaging angles are required to ensure complete visualization of the vasculature using a power injection for contrast administration. Total dosage and dilution of contrast along with injection rate and pressure for injection are communicated and verified. Complete visualization of the pertinent venous system bilaterally is performed; this requires test runs prior to venographic imaging. During bilateral venographic interpretation, additional images and different angles are typically required due to the course of the vasculature as well as interference from overlying structures including other vessels and bony prominences. This requires prolonged visualization and interpretation due to multiple images. Magnified imaging is used, as necessary, for best visualization of potential vascular lesions as well as reformatting pixilation due to movement.

Description of Post-Service Work: All imaging studies are uploaded into the picture archiving and communication system. This includes reformatting due to movement or poor contrast flow into the affected region with peak opacification. Key digital subtraction venography images of areas of disease are selected. Key images are copied and sent to the referring physician through a secure portal.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020					
Presenter(s):	Curtis Anderson, MD, Michael Hall, MD, Minhajuddin Khaja, MD, Matthew Sideman, MD, Robert Zwolak, MD, Francesco Aiello, MD, Kurt Schoppe, MD, Lauren Golding, MD, Andrew Moriarity, MD, Richard Wright, MD, Thad Waites, MD, Edward Tuohy, MD, Sergio Bartakian, MD, Edward Toggart, MD, David Slotwiner, MD and Mark Schoenfeld, MD					
Specialty Society(ies):	SIR, SVS, ACR, ACC, SCAI and HRS					
CPT Code:	75822					
Sample Size:	4500	**Resp N:**	159			
Description of Sample:	SIR - 250 random US practicing MDs/DOs SVS - 2500 US practicing MDs/DOs ACR - 750 random US practicing MDs/DOs ACC/SCAI - 500 random US practicing MDs/DOs HRS - 500 random US practicing MDs/DOs					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	450.00
Survey RVW:	0.10	1.48	**1.90**	1.97	3.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	17.00	**30.00**	48.00	120.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	75822	**Recommended Physician Work RVU: 1.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**12.00**	**0.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75716	XXX	1.97	**RUC Time**

CPT Descriptor Angiography, extremity, bilateral, radiological supervision and interpretation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75630	XXX	2.00	**RUC Time**

CPT Descriptor Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	265,137

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	240,866

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 97 **% of respondents:** 61.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 6.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 75822	**Top Key Reference CPT Code:** 75716	**2nd Key Reference CPT Code:** **75630**
Median Pre-Service Time	15.00	15.00	15.00
Median Intra-Service Time	30.00	50.00	35.00
Median Immediate Post-service Time	12.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**57.00**	**80.00**	**65.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	38%	48%	10%	1%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	31%	54%	15%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	36%	55%	9%
Physical effort required	21%	69%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	58%	35%	7%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	45%	45%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	36%	45%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	55%	45%
Physical effort required	0%	73%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	55%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
In April 2019 the Relativity Assessment Workgroup lowered the threshold of CMS/Other source codes to with Medicare utilization over 20,000. CPT Code 75820 was identified in this screen and CPT code 75822 was added as part of the "family".

Compelling Evidence
We believe that there is compelling evidence to recommend an increase in the value for CPT code 75822 based on evidence that: (1) incorrect assumptions were made in the previous valuation; (2) physician work has increased due to changes in technique, knowledge/technology, and patient population; and (3) the dominant specialty has changed.

(1) Flawed methodology. CPT code 75822 has never been surveyed and is the result of CMS/other inputs. Comparison of the survey time results and other RUC reviewed supervision and interpretation codes show that the existing value greatly underestimates the work of CPT code 75822.

(2) Changes in physician work. We believe that there has been a change in physician work for CPT code 75822 since CMS assigned a value and time in 1992 due to changes in technique, technology, and patient population. In 1992, the typical patient underwent a venogram for purely diagnostic reasons. Today, the patient population has changed. CTA and MRA, as well as more widespread use of vascular ultrasound, have largely replaced purely diagnostic venography for the vast majority of patients. Invasive catheter based imaging is reserved for the most complex patients where intervention is being planned or considered. Improvements in technology including the transition from analog to digital imaging allow for the safer acquisition of significantly more and higher quality images of the peripheral and central venous system.

(3) Change in dominant specialty: In 1992, diagnostic radiology represented 93% of all claims cardiology and vascular surgery represented less than 0.50% of the claims. In 2018, Medicare data indicate that diagnostic radiology is 32%, interventional radiology is 16%, cardiology is 14% and vascular surgery is 16% of Medicare claims. This significant shift in specialties providing this service is consistent with the change in technique, technology and patient described in item 2 above.

Recommendations
We are recommending the survey 25th percentile wRVU of 1.48 with 15 pre, 30 intra and 12 post for a total time of 57 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This supervision and interpretation code can be reported with procedural codes. The billed together data provided for this meeting indicates CPT Code 36005 is reported 51% of the time with this S&I code.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75822

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology/Interventional Cardiology/Cardiac Electrophysiology How often? Commonly

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
10,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. More than 3 specialties participated in this survey. Please see the table at the end of this SOR with the current (2018) utilization data.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 75822

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2018c RUC Database Utilization for Surveying Specialties

Specialty	Spec %
Diagnostic Radiology	31.90%
Interventional Radiology	15.93%
Vascular Surgery	15.66%
Cardiology	14.13%
Interventional Cardiology	12.11%
Cardiac Electrophysiology	1.98%

SS Rec Summary

ISSUE: Venography

TAB: 29

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	75710	XXX	Angiography, extremity, unilateral, radiological supervision and interpretation	108	0.027			1.75			70	15					40			15					
2nd REF	76942	XXX	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization	14	0.027			0.67			27	7					15			5					
CURRENT	75820	XXX	CMS OTHER		#DIV/0!			0.70			14														
SVY	75820	XXX	Venography, extremity, unilateral, radiological supervision and interpretation	161	0.059	0.08	1.05	1.68	1.75	2.50	42	12			1	10	20	30	60	10	0	10	15	30	300
REC	75820	XXX			0.028			1.05			42	12					20			10					

Source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	75716	XXX	Angiography, extremity, bilateral, radiological supervision and interpretation	97	0.026			1.97			80	15					50			15					
2nd REF	75630	XXX	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by	11	0.038			2.00			65	15					35			15					
CURRENT	75822	XXX	CMS OTHER		#DIV/0!			1.06			14														
SVY	75822	XXX	Venography, extremity, bilateral, radiological supervision and interpretation	159	0.043	0.10	1.48	1.90	1.97	3.50	57	15			1	17	30	48	120	12	0	2	5	15	450
REC	75822	XXX			0.029			1.48			57	15					30			12					

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	Global	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
1st REF	11111	000	xyz	30	0.029			4.25			131	5	5	5			30			5				1	1.0				1			
2nd REF	22222	000	def	15	0.055			5.15			137	10	5	5			35			5					1.0				1	1		
CURRENT	55555	000	abc		0.053			5.00			133	17					27			8				1	1.0				1			
SVY	55555	000	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10				1	1.0				1			
REC	55555	000	abc		0.020			4.25			142	17	1	3			30			10				1	1.0				1			

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 75820 & 75822
SPECIALTY SOCIETY(IES):ACC, ACR, HRS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD, Michael Hall, MD, Minhajuddin Khaja, MD, Matthew Sideman, MD, Robert Zwolak, MD, Francesco Aiello, MD, Kurt Schoppe, MD, Lauren Golding, MD, Andrew Moriarity, MD, Richard Wright, MD, Thad Waites, MD, Edward Tuohy, MD, Sergio Bartakian, MD, Edward Toggart, MD, David Slotwiner, MD and Mark Schoenfeld, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
75820	Venography, extremity, unilateral, radiological supervision and interpretation	XXX
75822	Venography, extremity, bilateral, radiological supervision and interpretation	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
75820	A 74-year-old man with a left subclavian pacemaker placement presents with left arm swelling and discomfort. Ultrasound (separately reported) shows possible left arm deep vein thrombosis involving the axillary and subclavian veins. A unilateral venogram is performed.
75822	A 64-year-old female with a history of multiple previous central venous catheter placements, and upper extremity swelling. Ultrasound (separately reported) shows possible bilateral deep venous thrombosis. A bilateral venogram is performed.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The multispecialty group convened a panel that included a number of experts to evaluate the direct practice expense inputs for these venography procedures.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   CPT Codes 75820 and 75822 are current CPT codes with direct practice expense inputs. As such, we included the existing direct practice expense inputs on the PE spreadsheet.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   Codes not typically billed with E/M
   - 75820 – 2%
   - 75822 – 2%

   Code not typically billed with E/M service in the NF
   - 75820 – 6%
   - 75822 – 4%

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   NF (All, global and 26)
   - 75820 – 21% Diagnostic Radiology
   - 75822 – 22% Diagnostic Radiology

   NF (Global and TC)
   - 75820 – 33% Vascular Surgery
   - 75822 – 32% Cardiology

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   The specialties are recommending 4 minutes for CA030 *Technologist QC's images in PACS, checking for all images, reformats, and dose page.* The baseline time for this clinical activity is 2 minutes. These services require additional time to account for the technologist adjusting contrast levels for each image of numerous angiography runs in different projections. In addition, the "mask" image must be manually adjusted for each image to correct poor image quality related to patient motion respiration. This is consistent with prior angiography recommendations.

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

   Pre – *Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD* is rolled into CA006 and CA008.

   Post – *Post procedure film development and hanging of films* is rolled into CA030, CA031 and CA032.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

9. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

The radiologic technologist checks PACS and/or retrieves CDs of images of any prior studies or diagnostic/therapeutic procedures. Additionally, she performs QA procedures related to radiation safety for patients and staff.

    b. Service period (includes pre, intra and post):

A radiologic technologist is in the procedure room and assists with the procedure.

    c. Post-service period:

N/A

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

A radiologic technologist is in the procedure room and assists in operating the C-arm, acquires images and circulates during critical times of the procedure.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The intra-service time is not directly related to physician work time for these two services. We are recommending intra-service time 'perform procedure/service' consistent with other S&I codes.

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

N/A

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

14. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EL011 room, angiography: "Other"
Followed "Rationale for Angiographic Room time Allocation"
To prevent double counting of room time between the procedure code and the S&I code the S&I code should receive a base time of 9 minutes for the room, and all other time will be allocated to the procedure code.

ED053 Professional PACS Workstation: "Other"
Followed "Guidelines for PACS Professional Workstation
Minutes equal to half the preservice physician work time and the full intraservice physician work time.

ED050 Technologist PACS workstation: "PACS" formula

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

Current recommendation consistent with recent S&Is:

			75710	75716	75625	75630	75726	75820	75822
			* Sept16	*Sept16	Oct-18	Oct-18	Oct-18	Jan-20	Jan-20
CA006	Confirm availability of prior images/studies	L041B	2	2	2	2	2	2	2
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L041B	2	2	2	2	2	2	2
CA013	Prepare room, equipment and supplies	L041B	2	2	2	2	2	2	2
CA021	Perform procedure/service---NOT directly related to physician work time	L041B	40	50	30	35	45	20	30
CA024	Clean room/equipment by clinical staff	L041B	3	3	3	3	3	3	3
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	4	4	4	4	4	4	4
CA031	Review examination with interpreting MD/DO	L041B	2	2	2	2	2	2	2
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	1	1	1	1	1	1	1
SB008	drape, sterile, c-arm, fluoro		1	1	1	1	1	1	1
SM013	disinfectant, surface (Envirocide, Sanizide)		1	1	1	1	1	1	1
EL011	room, angiography		9	9	9	9	9	9	9
ED053	Professional PACS Workstation		48	58	38	43	53	26	38
ED050	Technologist PACS workstation		49	59	42	47	57	32	42

** Prior to implementation of clinical activity numbers*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**75820**		**75820**		**75822**		**75822**	
3		***RUC Collaboration Website***				Venography, extremity, unilateral, radiological supervision and interpretation		Venography, extremity, unilateral, radiological supervision and interpretation		Venography, extremity, bilateral, radiological supervision and interpretation		Venography, extremity, bilateral, radiological supervision and interpretation	
4	**Clinical Activity Code**	**Meeting Date: January 2020 Revision Date (if applicable): Tab: 29 Venography Specialty: ACC, ACR, SIR, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES**				**$ 69.07**	**$ -**	**$ 66.12**	**$ -**	**$ 80.53**	**$ -**	**$ 71.13**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**46**	**0**	**36**	**0**	**50**	**0**	**46**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**6**	**0**	**4**	**0**	**6**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**40**	**0**	**32**	**0**	**44**	**0**	**42**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L042B	Respiratory Therapist	0.42	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER**				**$ 18.66**	**$ -**	**$ 14.76**	**$ -**	**$ 20.14**	**$ -**	**$ 18.86**	**$ -**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37								
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37								
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37								
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37								
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37								
20	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.41			2				2	
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37								
22	CA008	Perform regulatory mandated quality assurance activity (pre-	L041B	Radiologic	0.41			2				2	
23			L037D	RN/LPN/MTA	0.37								
26	OLD	*Old Language: Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with*	L041B	Radiologic Technologist	0.41	6				6			
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
33	CA009	Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	0.37								
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37								
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37								
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37								
37	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41	3		2		3		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37								
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring	L041B	Radiologic	0.41	3				3			
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37								
42			L037D	RN/LPN/MTA	0.37								
45		*Other activity: please include short clinical description here*	L037D	RN/LPN/MTA	0.37								
48		**Intra-service (of service period)**											
49	CA018	Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.37								
50	CA019	Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.37								
51	CA020	Assist physician or other qualified healthcare professional---	L041B	Radiologic	0.41	8				13			
52	CA020	Assist physician or other qualified healthcare professional---	L041B	Radiologic	0.41	18				13			
53	CA021	Perform procedure/service---NOT directly related to	L041B	Radiologic	0.41			20				30	
56			L037D	RN/LPN/MTA	0.37								
57		*Other activity: please include short clinical description here*	L037D	RN/LPN/MTA	0.37								
60		**Post-Service (of service period)**											
61	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37								
62	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37								
63	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41	3		3		3		3	
64	CA025	Clean scope	L037D	RN/LPN/MTA	0.37								
65	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37								
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37								
67	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37								
68	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37								
69	CA030	Technologist QC's images in PACS, checking for all images,	L041B	Radiologic	0.41			4				4	
70	CA031	Review examination with interpreting MD/DO	L041B	Radiologic	0.41			2				2	
71	CA032	Scan exam documents into PACS. Complete exam in RIS	L041B	Radiologic	0.41			1				1	
72	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37								
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting,	L037D	RN/LPN/MTA	0.37								
74	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37								
75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**	
76			L037D	RN/LPN/MTA	0.37								
79	OLD	Old Language: Post procedure film development and	L037D	RN/LPN/MTA	0.37	5				9			
82		**End: Patient leaves office/facility**											
83		**POST-SERVICE PERIOD**											
84		**Start: Patient leaves office/facility**											
85	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37								
86	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37								
97		*Other activity: please include short clinical description here*	L037D	RN/LPN/MTA	0.37								
100		**End: with last office visit before end of global period**											

	A	B	D	E	F	I	J	K	L	M	N	O	P
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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES**				**$ 69.07**	**$ -**	**$ 66.12**	**$ -**	**$ 80.53**	**$ -**	**$ 71.13**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**46**	**0**	**36**	**0**	**50**	**0**	**46**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**6**	**0**	**4**	**0**	**6**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L041B	Radiologic Technologist	0.41	**40**	**0**	**32**	**0**	**44**	**0**	**42**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L042B	Respiratory Therapist	0.42	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
101	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 5.11**	**$ -**	**$ 5.11**	**$ -**	**$ 5.11**	**$ -**	**$ 5.11**	**$ -**
103	SB008	drape, sterile, c-arm, fluoro	4.942	item		1		1		1		1	
104	SM013	disinfectant, surface (Envirocide, Sanizide)	0.1715	oz		1		1		1		1	
105													
111	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 45.29**	**$ -**	**$ 46.25**	**$ -**	**$ 55.28**	**$ -**	**$ 47.15**	**$ -**
113	ED053	Professional PACS Workstation	15042.3005	Other Formula	0.059600546	7		26		9		37.5	
114	EL011	room, angiography	1290120.61	Other Formula	4.888291679	9		9		11		9	
115	ED050	Technologist PACS workstation	5557	PACS	0.022017924	40		32		44		42	
116													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2020

January 2020

3D Rendering with Interpretation and Report – Tab 30

In the Final Rule for the CY 2020 Medicare Physician Fee Schedule, CMS nominated CPT code 76377 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation* as potentially misvalued. The Agency views CPT code 76377 to be part of the same family as CPT code 76376 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation*, which was recently reviewed at the April 2018 RUC meeting. CMS requested that CPT code 76376 also be reviewed to maintain relativity within the code family.

The specialty societies disagreed with CMS' rationale for the nomination of CPT code 76377 as potentially misvalued and the specialties do not believe that CPT codes 76376 and 76377 are in the same code family, although the descriptors are similar. The societies noted that the two codes are different because they are utilized on different patient populations (as evidenced by the ICD-10 diagnoses.) They also noted that the technical and professional resources required for 76376 and 76377 are significantly different. **For these reasons, the specialty societies recommended, and the RUC agreed to refer CPT codes 76377 and 76376 to the CPT Editorial Panel for further review and potential revision. The specialty societies noted that they will determine the family of services including whether the codes remain a family, based on the recommendations of the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	XXX	Refer to CPT May 2020

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December 17, 2019

Peter K. Smith, MD
Chair, AMA/Specialty Society RVU Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Request to Refer CPT Code 76377 to CPT

Dear Dr. Smith,

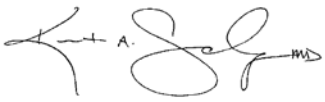
In the Proposed Rule for the 2020 Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Serivces (CMS) nominated CPT code 76377 *(3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation)* as potentially misvauled. The Agency views CPT Code 76377 to be part of the same family as CPT code 76376 *(3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation)*, which was recently reviewed at the April 2018 RUC. CMS feels that CPT code 76377 should also be reviewed to maintain relativity within the code family.

The American College of Radiology (ACR), American Society of Neuroradiology (ASNR), and Society of Interventional Radiology (SIR) respectfully disagree with CMS's rationale for the nomination of CPT code 76377 as potentially misvalued. The specialties do not believe that CPT codes 76376 and 76377 are in the same code family, although the descriptors are similar. The technical and professional resources required for 76376 and 76377 significantly differ from each other.

The societies recommend referral of CPT code 76377 to CPT for further review and discussion, along with the recently surveyed code 76376 for potential revision.

Thank you for your consideration of our request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor



Melissa Chen, MD
ASNR RUC Advisor



Curtis Anderson, MD
SIR RUC Advisor

HEADQUARTERS
1891 Preston White Dr.
Reston, VA 20191-4326
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GOVERNMENT RELATIONS
505 Ninth St. N.W., Suite 910
Washington, DC 20004-2173
202-223-1670

CLINICAL RESEARCH
1818 Market St., Suite 1600
Philadelphia, PA 19103-3609
215-574-3150

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

January 2020

Radiation Treatment Delivery (PE Only) – Tab 31

In October 2018, CPT code 77401 was identified by the High-Volume Growth screen, for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. In January 2019, the RUC recommended to refer to CPT May 2019/RUC Oct 2019 to better define the set of services associated with delivery of superficial radiation therapy (SRT). The specialty societies withdrew this code from the May 2019 CPT Editorial Panel meeting. At the January 2020 RUC meeting, the Practice Expense (PE) Subcommittee reviewed the PE recommendations for CPT code 77401.

Compelling Evidence
When the practice expense inputs were defined in 2002, it was based on practice patterns related to radiation oncology. Currently the service is provided primarily by dermatologists according to utilization data (84% of the time). Due to change in presenting specialty, there has been a change in PE inputs including clinical staff type. **The PE Subcommittee agreed that there is compelling evidence that there has been a change in the physician work necessary to perform this service based on change in dominant specialty.**

77401 ***Radiation treatment delivery, superficial and/or ortho voltage, per day.***
The presenters explained that all elements of the service including greeting and gowning the patient and obtaining vital signs would take place in the treatment room. This means that the equipment formula for the treatment room is not highly technical, rather it is the default formula because the patient is taken directly to the room and all clinical activities are performed within the room. Following these standard activities, a lead apron, thyroid shield and eye shield would be put on the patient. The clinical staff would then use stabilizing devices such as foam and sand bags to position the patient. These devices are used because it is critically important that the patient not move during treatment. The treatment is for areas that are only a few centimeters in diameter and if the dosage is not applied to the correct area, it is as if the treatment was not given. The lead shield and video camera are positioned, and it is confirmed that the equipment arm is precisely in line with hole in the lead shield. Following that positioning, the technologist leaves the room and uses the controlling console to deliver the treatment. The technologist reenters the room, cleans the treatment area and reapplies the dressing. The technologist would then return to the room later to clean the lead apron, shields and all other equipment.

The PE Subcommittee expressed concerns about the typicality of a lead-lined room to perform this service. The specialty explained that although a typical dermatologist office would not have a lead-lined dedicated room, the subset of dermatology offices that perform this service must have a dedicated lead-lined room as dictated by state protocols and that room is used all day, every day that the practice is open. The specialty society noted, and the RUC agreed, that because the lead-lined room is not a typical dermatology office expense, it should be allocated as a direct practice expense

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input rather than assumed to be covered by dermatology indirect practice expense. Some of the PE Subcommittee members brought forward concerns that the service may have changed as the marketing materials on the manufacturer's website state that the system is portable. The specialty society confirmed that although the system is on wheels and can be moved, the purpose of that portability is to move the system around the patient within the room and not from room to room. The specialty reiterated that it is unsafe to perform the service outside of a lead-lined room and in practice the equipment is only used in a lead-lined room as dictated by state regulations. In addition, the physicians who perform the service also must have a state-issued radiation license. In a typical practice that performs this service, there is one machine and one lead-lined room and the materials for the service, including the SRT system, do not move from the dedicated lead-lined treatment room. It was also noted that nowhere on the manufacturer's website does it state that a lead-lined room is not required.

The specialty society provided additional documentation to substantiate that a lead-lined room is used every time this service is performed. The documents include state requirements, two examples of architectural drawing for a lead-lined room and information added to the PE SOR for a website showing that 40 out of 50 states have requirements for a lead-lined room. In addition, Sensus, the company that produces the SRT-100 equipment, attested that the equipment cannot be installed without ensuring that a shielding report compiled by a contract medical physicist is on file with the state radiation regulatory agency. The attestation document states the following:

> "The SRT-100 is considered a "Therapeutic Radiation Device in the Healing Arts". The 100 stands for 100 kilovolts of energy, which puts it in a category that requires shielding at all times to protect the operator and patient as well as the surrounding area of the x-ray room."

The PE Subcommittee inquired about the extra time for cleaning and the specialty explained that because the code is used for wound care, the time to clean the room is recommended at 5 minutes above the PE Subcommittee standard of 3 minutes. The rationale for 5 minutes is that there is additional cleaning time for supplies and equipment that comes in contact with the patient wound such as the lead apron, thyroid shield, the device and the applicator. Three fresh pairs of *gloves, non-sterile, nitrile* (SB023) are required to remove the patient's bandages, replace bandages after the treatment and clean the equipment. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	XXX	PE Only

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NONFACILITY DIRECT PE INPUTS **CPT CODE(S):_ 77401__**

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
77401	77-year-old patient with history of extensive sun exposure presents with a non-melanoma skin cancer on the nose.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AADA convened an Expert Panel to review the practice expense for 77401.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):
   We use the current code direct PE inputs for comparison. There are no other good comparison codes available.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   No, this code isn't billed with E/M typically (only 38% of time). This code is billed in the office setting 99% of the time.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)
   Dermatology is the dominant provider globally with 83% of utilization.
   99% of the time the service is provided in the office setting.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   Cleaning room time increased from 3 to 5 minutes. The room must be cleaned as well as the radiation machine and related specialized equipment which is more similar to cleaning scope than just cleaning room.

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence*

guidelines) Please explain if the increase can be entirely accounted for because of an increase in physician time:

When the practice expense inputs were defined in 2002, it was based on practice pattern related to only Radiation Oncology specialty. However, the service is provided primarily by Dermatologists according to utilization data.
Due to change in presenting specialty, there has been a change in PE inputs including clinical staff type.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

When the code was reviewed in 2002, there was no time allotted for obtaining vital signs.
We are assigning 3 minutes for obtaining 3 vital signs.

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

The treatment room is set up for the patient. The machine goes through a warm-up and calibration process prior to the initiation of treatment. After the machine is prepared the patient is brought into the treatment room and placed in the treatment position. Dressings are removed. Clinical staff assesses the patient for tumor response and/or toxicity of treatment. The shielding is placed and the appropriate cone is mounted. The treatment protocol is reviewed and verified.

   b. Service period (includes pre, intra and post):

The lesion is treated and patient monitored.

   c. Post-service period:

Skin care is discussed with the patient and provided. Dressings are applied to the lesion. Patient is given instructions for follow-up is scheduled. The treatment is documented and approved by the physician/QHP.

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Monitoring the administration of treatment.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):
    N/A

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

INVOICES

14. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
    We are submitting invoices to validate the current price of the superficial radiation therapy equipment.

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    N/A

17. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:
    Lead Shielding of Treatment Room

18. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment, please explain here:
    Superficial radiation therapy system
    Table, power
    Light, exam
    Lead Room

    We used the Default formula for all codes, except that we included the time for performing mandated quality assurance activity of 5 minutes for the warm- up and calibration process prior to the initiation of treatment.

19. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail, please include here:
    N/A

20. If there is any other item on your spreadsheet that needs further explanation, please include here:
    N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. If this is a PE only code, please select a crosswalk based on a similar specialty mix:

17282 malignant destruction code has similar specialty mix

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

Clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes because 3 minutes is standard for 3 vital signs.

A lead lined room has been added under equipment SRT machine can deliver up to 100 Kv and falls under definition of therapeutic radiation device. All 50 states require lead lined rooms for therapeutic radiation devices like SRT.
The manufacturer has confirmed to us that the delivery of every SRT machine has been accompanied by installation of lead room. Please see the attestation email we received from the manufacturer. Here is the link to the shielding requirement rule in FL as an example
http://www.floridahealth.gov/environmental-health/radiation-control/_documents/64e-5-part-5-03-21-2016.pdf

Here is the link to all 50 radiation control bureaus https://x-raylady.com/state-national-contacts/.

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**77401**		**77401**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable): 1/13/2020** **Tab: 31** **Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Radiation treatment delivery, superficial and/or ortho voltage, per day		Radiation treatment delivery, superficial and/or ortho voltage, per day	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.45**	**$ -**	**$ 31.93**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.5	**14.0**	**0.0**	**28.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**5.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**9.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 7.00**	**$ -**	**$ 10.36**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37			5	
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L050C	Radiation	0.5	5			
30		**End: When patient enters office/facility for surgery/procedure**							
31		**SERVICE PERIOD**							
32		**Start: When patient enters office/facility for surgery/procedure:**							
33		**Pre-Service (of service period)**							
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37			3	
35	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			3	
36	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
37	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
38	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2	
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			1	
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37			2	
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
49		**Intra-service (of service period)**							
50	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
51	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
52	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
53	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			2	
54	CA021	Perform procedure/service---NOT directly related to physician work time	L050C	Radiation	0.5	9			
61		**Post-Service (of service period)**							
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
64	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37			5	
65	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37			1	
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37				
71	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37				
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.37			2	
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37			2	
76	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
83		**End: Patient leaves office/facility**							
84		**POST-SERVICE PERIOD**							
85		**Start: Patient leaves office/facility**							
86	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
87	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
88		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
89		99211 16 minutes	16						
90		99212 27 minutes	27						
91		99213 36 minutes	36						
92		99214 53 minutes	53						
93		99215 63 minutes	63						
94	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
101		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**77401**		**77401**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable): 1/13/2020** **Tab: 31** **Specialty: AADA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Radiation treatment delivery, superficial and/or ortho voltage, per day		Radiation treatment delivery, superficial and/or ortho voltage, per day	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.45**	**$ -**	**$ 31.93**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.5	**14.0**	**0.0**	**28.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**5.0**	**0.0**	**5.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**9.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
102	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.20**	**$ -**	**$ 4.85**	**$ -**
104	SB037	pillow case	0.3478	item		2		1	
105	SK075	skin marking pen, sterile (Skin Skribe)	1.191	item		1		1	
106	SK087	water, distilled	0.0147	oz		10		0	
107	SM013	disinfectant, surface (Envirocide, Sanizide)	0.1673	oz		1		1	
108	SB023	gloves, non-sterile, nitrile	0.895	pair				3	
109	SJ038	petroleum jelly	0.3033	oz				1	
110	SG079	tape, surgical paper 1in (Micropore)	0.004	inch				8	
111	SG035	dressing, 3in x 4in (Telfa, Release)	0.1205	item				1	
112									
113									
114									
115		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
117	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
118		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 7.25**	**$ -**	**$ 16.72**	**$ -**
119	ER045	Superficial radiation therapy system	212468.75		0.805048162	9		19	
120	EF031	table, power	6091.913		0.016166271			19	
121	EQ168	light, exam	1530.8117		0.004062356			19	
122	NEW	Lead Room	17236		0.04573963			19	
123	NEW	Lead Blocking Shield Kit	3348		0.008884676			19	
124									
125		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

January 2020

Liver Elastography – Tab 32

These services were flagged via the new technology/new services list. The RUC reviewed three years of available Medicare claims data (2016, 2017 and 2018e) and recommended to survey for January 2020.

91200 ***Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report***
The RUC reviewed the survey results from 50 gastroenterologists and determined that the survey 25th percentile work RVU of 0.21 accurately reflects the typical physician work necessary to perform this service. The RUC recommends 1 minute of pre-service time, 10 minutes of intra-service time, 3 minutes of immediate post-service time. The 10 minutes of intra-service time includes reviewing at least 10 valid images to determine whether each measurement of sheer wave speed is correct. The stiffness measurement is correlated with the fibrosis stage and compared with the patient's history, prior imaging studies, and any prior liver biopsy and clinical laboratory values to establish a final diagnosis. It was noted that this service is not anatomic imaging, but wave form imaging. The RUC agreed that this service is not typically reported with an office visit on the same day.

The RUC compared the survey code to the top key reference code 97035 *Application of a modality to 1 or more areas; ultrasound, each 15 minutes* (work RVU= 0.21, intra-service time of 10 minutes and total time of 13 minutes) and noted that both codes have identical intra-service time, similar total time, and should be valued identically. Most survey respondents that selected this reference code also rated the survey code identical to somewhat more intense/complex than the top key reference service, further warranting the recommended survey 25th percentile work value of 0.21. Additionally, the RUC compared the survey code to code 96369 *Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)* (work RVU= 0.21 and intra-service time of 10 minutes) and noted that both codes require the same physician work and intra-service time. **The RUC recommends a work RVU of 0.21 for CPT code 91200.**

RUC Database Flag
The RUC recommends to flag CPT code 91200 as "do not use to validate for physician work" since the survey respondents may have overestimated the intra-service time due in part to the language in the vignette.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The Practice Expense (PE) Subcommittee added one paper, laser printing (each sheet) (SK057). **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX	0.21

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

91200
CPT® Codes

Echosens
Vendor/Company Name

By: JON S. GINGRICH

Printed Signature

CEO, N.A.
Title

OCT 21, 2019
Date

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91200 Tracking Number Original Specialty Recommended RVU: **0.27**
Presented Recommended RVU: **0.21**
Global Period: XXX Current Work RVU: **0.27** RUC Recommended RVU: **0.21**

CPT Descriptor: Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male presents for further evaluation of liver disease secondary to hepatitis C. Physical findings are unremarkable. Laboratory studies show abnormal liver enzymes (ie, aminotransferase levels twice the upper limits of normal) and a borderline low platelet count. The physician orders liver elastography by mechanically induced shear wave to assess the presence of cirrhosis prior to starting antiviral therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable imaging studies, anatomic pathology, and/or clinical laboratory reports.

Description of Intra-Service Work: Each of at least 10 images is reviewed to determine whether each measurement of sheer wave speed is correct. The stiffness measurement is correlated with the fibrosis stage and compared with the patient's history, prior imaging studies, and any prior liver biopsy and clinical laboratory values to establish a final diagnosis.

Description of Post-Service Work: Treatment recommendations are made based on the data, including the potential need for additional medical, pharmacologic, and/or other clinical intervention. A final report is dictated, reviewed, and signed for the patient's medical record. Findings and recommendations are discussed with the referring physician, other health care professionals, and insurance and/or pharmacy benefits management company, as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2020		
Presenter(s):	R. Bruce Cameron. MD (ACG), Seth A. Gross, MD (ASGE), Vivek Kaul, MD (ASGE), Shivan Mehta, MD (AGA)		
Specialty Society(ies):	American College of Gastroenterology, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy		
CPT Code:	91200		
Sample Size:	2036	**Resp N:**	50
Description of Sample:	100 person random sample of a total 199 person industry list from Echosens AND a 2,000 person random sample of GI membership which, with email bounces/failures, resulted in 1,936 invitations. (100+1,936=2,036) The survey methodology was approved by the Research Subcommittee.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**25.00**	143.00	1000.00
Survey RVW:	0.17	0.21	**0.30**	0.35	3.11
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91200	**Recommended Physician Work RVU: 0.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97035	XXX	0.21	**RUC Time**

CPT Descriptor Application of a modality to 1 or more areas; ultrasound, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74022	XXX	0.32	**RUC Time**

CPT Descriptor Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	18,809,968

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96413	XXX	0.28	**RUC Time**	1,821,996

CPT Descriptor 2 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 91200	**Top Key Reference CPT Code:** 97035	**2nd Key Reference CPT Code:** **74022**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	10.00	10.00	5.00
Median Immediate Post-service Time	3.00	2.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**14.00**	**13.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	20%	10%	30%	40%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	50%	30%
Physical effort required	30%	60%	10%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	40%	10%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	63%	38%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	25%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	63%	38%
Physical effort required	13%	63%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	50%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

91200 – Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

Background:
The initial survey for 91200 presented to the RUC at the April 2014 RUC meeting was administered as 000-day global survey and did not meet the minimum number of completed responses. The RUC asked the specialty societies to

resurvey the code using the XXX-day survey instrument for presentation at the October 2014 RUC meeting. The data from the survey showed no change in intra-service or post-service time from the previous survey. There was no change in pre-service time when the XXX-day pre-time package was applied. The survey data presented at the October 2014 RUC meeting validated the results of the original survey. ***At the October 2014 RUC meeting, the RUC recommended use of the 25th percentile intra-service time of 10 minutes and a physician work RVU of 0.37 contingent upon inclusion of instructions in CPT that an E/M code could not be billed on the same date of service as CPT code 91200. At the February 2015 CPT Editorial Panel meeting, the Panel's action to add an exclusionary parenthetical to 91200 was rescinded. Due to this action, the code was added to the April 2015 RUC meeting agenda for re-review.*** The GI societies received permission from the RUC not to resurvey CPT code 91200 for a third time and, instead, to present recommendations at the April 2015 RUC meeting based on the data presented at the October 2014 RUC meeting. **The time and RVUs accepted by the RUC at the April 2015 RUC meeting were 3 minutes pre-service time, 10 minutes intra-service time and 3 minutes post-service time and 0.27 RVUs.**

Code 91200 appeared on the New Technology Screen and the GI societies' plan to resurvey the code was accepted at the October 2019 RUC meeting.

91200 Recommendation

The specialty consensus panel reviewed the survey data. After reviewing the survey data, **we recommend the 25th percentile RVW of 0.21, and 1 minute of pre-service time, 10 minutes intra-service time and 3 minutes post-service time for 91200.**

The table below provides additional XXX-day global comparison codes:

CPT Code	Long Desc	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT	MPC	2018 Utilization
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	XXX	0.17	0	5	1	6	RUC	2012-10	0.0295	Yes	18809968
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	XXX	0.18	2	5	2	9	RUC	2017-01	0.0181	Yes	292003
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	XXX	0.21	1	10	2	13	RUC	2017-01	0.0143		2158943
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	XXX	0.27	3	8	3	14	RUC	2011-04	0.0181		1161353
91200	**Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report**	**XXX**	**0.27**	**3**	**10**	**3**	**16**	**RUC**	**2015-04**	**0.0136**		**39501**
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	XXX	0.28	4	7	2	13	RUC	2013-01	0.0208	Yes	1821996
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	XXX	0.30	3	7	0	10	RUC	2010-04	0.0333	Yes	91964
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	XXX	0.32	1	5	1	7	RUC	2016-04	0.055		338356

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 91200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 118503
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 39,501 [2018 Medicare volume] * 3 = 118,503

Specialty Gastroenterology Frequency 91000 Percentage 76.79 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 39,501 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 Medicare volume

Specialty Gastroenterology Frequency 30300 Percentage 76.70 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 91200

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: 91200 - Liver elastography

TAB: 32

							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
1st REF	97035	XXX	Application of a modality to 1 or	10	0.014			0.21			13	1					10			2					
2nd REF	74022	XXX	Radiologic examination, abdome	8	0.055			0.32			7	1					5			1					
CURRENT	91200	XXX	Liver elastography, mechanically indu		0.014			0.27			16	3					10			3					
SVY-ALL DATA	91200	XXX	Liver elastography, mechanicall	50	0.003	0.17	0.21	0.30	0.35	3.11	22	5			1	5	10	15	30	7	0	0	25	143	1000
SVY-RANDOM	91200	XXX	Liver elastography, mechanicall	35	0.002	0.17	0.24	0.31	0.43	3.00	23	5			1	8	10	17	25	8	0	0	10	155	1000
SVY-IND LIST	91200	XXX	Liver elastography, mechanicall	15	0.003	0.17	0.21	0.25	0.32	3.11	20	5			1	5	10	13	30	5	0	19	70	135	600
REC	91200	XXX	Liver elastography, mechanically indu		0.012			0.21			14	1					10			3					

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): 91200**

SPECIALTY SOCIETY(IES): ACG, AGA ASGE

PRESENTER(S): Dr. Bruce Cameron (ACG), Dr. Shivan Mehta (AGA), Dr. Seth Gross (ASGE), Dr. Vivek Kaul (ASGE)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2020

CPT Code	Long Descriptor	Global Period
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
91200	A 55-year-old male presents for further evaluation of liver disease secondary to hepatitis C. Physical findings are unremarkable. Laboratory studies show abnormal liver enzymes (ie, aminotransferase levels twice the upper limits of normal) and a borderline low platelet count. The physician schedules the patient for liver elastography by mechanically induced shear wave to assess the presence of cirrhosis prior to starting antiviral therapy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings - community, academic, teaching, and public; urban, suburban and rural; single and multi-specialty group; independent and employed - who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (*for service reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Samantha Ashley at samantha.ashley@ama-assn.org for PE spreadsheets for your reference codes*):

   We used the current direct PE inputs for code 91200 as reference.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   91200 is not typically reported with an E/M service (29%).
   91200 is not typically reported with the E/M service in the nonfacility (25%)

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

   Gastroenterology is the dominant provider in the nonfacility.
   Gastroenterologists provide 91200 in the nonfacility setting 100% of the time.
   The dominant provider in the nonfacility is the SAME as for the global.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

NA - We are not recommending more minutes than the PE Subcommittee standards for clinical activities.

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies for the **code family**, please provide compelling evidence (please see *PE compelling evidence guidelines*) Please explain if the increase can be entirely accounted for because of an increase in physician time:

NA - We are not seeking an increase in staff time, equipment or supplies.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

NA

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CA010 = 0 minutes

9. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

2 minutes to complete pre-service diagnostic and referral forms. Patients are commonly referred for liver elastography from another provider (e.g., primary care, hepatologist).

   b. Service period (includes pre, intra and post):

Pre-service (of service period)
2 minutes to provide education and obtain consent. As fasting data are required for the correct interpretation of the liver elastography results, staff administers the fasting questionnaire to the patient. Staff also administers a questionnaire to identify any patients who have an insulin pump, pace maker or implanted electronic device.

2 minutes to prepare the room, equipment and supplies. Staff collects, prepares and confirms all necessary equipment and supplies are present (i.e., vibration-controlled transient elastography machine, wands, gel, disinfectant wipes for equipment, sanitizing cloth wipes for the patient). Staff wipes the equipment surface and wands using disinfectant wipes. Staff examines the equipment housing for any damage such as cracks, breakage, or liquid leakage. Staff wands the barcode on the patient's identification (ID) bracelet and enters patient information into the liver elastography equipment.

2 minutes to prepare and position the patient. Staff places the patient in the supine position, with the right arm in maximum abduction, the right leg over the left, and the torso slightly curved to increase the intercostal space around the upper-right area of the abdominal cavity.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Intra-service (of service period)
7 minutes to perform the liver elastography procedure and obtain at least 10 valid measurements. The clinical staff spread gel over the skin of the patient's right abdominal area. Staff palpates the intercostal space located at the intersection of the mid-axillary line and a transverse line at the level of the xiphoid process and marks the site. Staff places the vibration-controlled transient elastography probe between the ribs on the right side of the lower chest wall. Staff obtains measurements, including placing gel on the wand, adjusting the position of patient as needed, positioning the wand and ensuring adequate measurements. Staff assists the patient in wiping the gel.

Post-service (of service period)
1 minute to clean the room and equipment. Staff cleans room and disinfects equipment surface and wand.
2 minutes to review the examination results/liver elastography measurements with the interpreting physician.

c. Post-service period:

NA

10. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

The clinical staff spread gel over the skin of the patient's right abdominal area. Staff palpates the intercostal space located at the intersection of the mid-axillary line and a transverse line at the level of the xiphoid process and marks the site. Staff places the vibration-controlled transient elastography probe between the ribs on the right side of the lower chest wall. Staff obtains measurements, including placing gel on the wand, adjusting the position of patient as needed, positioning the wand and ensuring adequate measurements. Staff assists the patient in wiping the gel.

Information from the RUC database under the "RUC Rationale" tab for 91200 concerning clinical staff activities: During the RUC's deliberations at the April 2014 meeting, the specialties explained that the actual measurements are typically performed separately by clinical staff and that the physician work of the procedure is in the interpretation and report.

11. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

NA

12. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet workbook*):

NA

13. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

NA

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

INVOICES

14. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

15. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

16. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

NA

17. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

18. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet workbook*) please provide a paid invoice. Identify and explain the invoice here:

NA

19. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

NA

20. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

ER101 (Fibroscan with printer) = Highly Technical formula [CA013+ CA016+ CA019+ CA024]. The Highly Technical formula was approved by the RUC when 91200 was last valued; nothing about the equipment has changed since then. The Fibroscan machine is exclusive to the service and is portable. **EF023 (Table, exam)** = Default formula [CA011+ CA013+ CA016+CA024]

21. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail/explanation, please include here:

NA

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

22. If this is a PE only code please select a crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NA

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING

During and immediately following the review of this tab at the PE Subcommittee meeting please revise the PE spreadsheet and summary of recommendation (PE SOR) documents based on modifications made during the meeting. Please submit the revised documents electronically to Samantha Ashley at samantha.ashley@ama-assn.org immediately following the close of business the same day that the tab is reviewed. On the PE spreadsheet, please highlight the cells and/or use red font to show the changes made during the PE Subcommittee meeting (if you have provided any of this highlighting based on changes from the reference code prior to the PE Subcommittee meeting please remove it, so not to be confused with changes made during the meeting). In addition to those revisions please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**91200**		**91200**	
3		***RUC Collaboration Website***				Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 32** **Specialty: Gastroenterology (ACG, AGA, ASGE)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.24**	**$ -**	**$ 16.24**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**16.0**	**0.0**	**16.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**16.0**	**0.0**	**16.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 5.92**	**$ -**	**$ 5.92**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37				
23			L037D	RN/LPN/MTA	0.37				
26		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37	2		2	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
42			L037D	RN/LPN/MTA	0.37				
45		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37	7			
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37			7	
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37				
55			L037D	RN/LPN/MTA	0.37				
56		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37	2		2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.37				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.37				
78		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.37				
96		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.37				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**91200**		**91200**	
3		***RUC Collaboration Website***				Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	
4	**Clinical Activity Code**	**Meeting Date: January 2020** **Revision Date (if applicable):** **Tab: 32** **Specialty: Gastroenterology (ACG, AGA, ASGE)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 16.24**	**$ -**	**$ 16.24**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**16.0**	**0.0**	**16.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**16.0**	**0.0**	**16.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.24**	**$ -**	**$ 0.26**	**$ -**
102	SJ062	ultrasound transmission gel	0.0215	ml		1		1	
103	SM021	sanitizing cloth-wipe (patient)	0.0535	item		2		2	
104	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.058	item		2		2	
105	SK057	paper, laser printing (each sheet)	0.0125	item				1	
106									
107									
108		*Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.*							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 10.07**	**$ -**	**$ 10.06**	**$ -**
112	ER101	Fibroscan with printer	148080.146	Highly Technical	0.830540221	12		12	
113	EF023	table, exam	3037.9485	Default	0.006757594	16		14	
114									
115									
116									
117									
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2020

January 2020

Insertion/ Removal of Implantable Interstitial Glucose Sensor System – Tab 33

In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that "the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems." Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting.

The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application.

CMS clarified that its request was for RUC valuation of CPT codes 0446T, 0447T and 0448T, not for conversion from Category III to Category I. During the RUC discussion, CMS did not have available the exact source of the comment which lead to the direct request for valuation of these Category III codes. Contractor pricing appeared to be causing confusion and was possibly inhibiting use of the codes. The Agency indicated that it would like the codes valued but does not plan to create a G-code as this was not announced during the rule-making.

There is currently insufficient data (0 claims filed in 2018) with approximately 200 physicians recently trained (in 2019) in providing the services. The RUC acknowledged that the utilization of these services is unknown but likely to increase. The specialties agreed but predicted a slow up-take and low utilization. Unlike a subcutaneous sensor, this is a new device that requires a procedure in the office with an incision, so the expertise required by the physician for this procedure to place the device is different than just placing a subcutaneous sensor in the office then teaching the patient to do so on their own. It is an entirely different device than a continuous glucose monitoring device that is commercially available, so the numbers for a survey were predicted to be quite low.

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The RUC suggested that a targeted survey of the 200 trained physicians could be accomplished. Historically, when the Category III codes were first implemented by CPT, CMS indicated that it would not be establishing relative values but would carrier-price the services *unless they found a specific programmatic need* at which point the RUC would review those codes. Nonetheless, the specialties maintained that it would be difficult to perform an adequate targeted survey due to low utilization and the fact that there are currently no Medicare claims. Given the specialties' reluctance to attempt a targeted survey, the RUC believes that recommendations on appropriate valuation for these services is inappropriate at this time. **Therefore, the RUC recommends that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel *time uncertain*.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	YYY	Contractor Price Refer to CPT
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	YYY	Contractor Price Refer to CPT
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	YYY	Contractor Price Refer to CPT

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December 17, 2019

Dr. Peter K. Smith
RUC Chair
American Medical Association

Dear Dr. Smith,

In the Final Rule for the 2020 Medicare Physician Fee Schedule, CMS requested recommendations on the appropriate valuation for Category III CPT codes 0446T, 0447T, and 0448T. The Endocrine Society and American Association of Clinical Endocrinologists submitted an LOI of 1 for these codes and would like to formally request referral to CPT Editorial Panel. These services were only approved by the FDA in June 2018 and have not been widely adopted by our membership and a survey would not yield an accurate recommendation to CMS for consideration.

Through our conversations with the manufacturer, it's our understanding that this technology will be significantly revised over the next 12 months which will result in the revision of these services and/or the development of additional codes for consideration. The manufacturer is having ongoing conversations with the agency for the initial valuation, and therefore, we believe recommendations for valuation should remain between the manufacturer and CMS at this time and that the codes be referred to CPT Editorial Panel.

Thank you in advance for consideration.

American Association of Clinical Endocrinologists
Endocrine Society

patients, different complexity in the work and require different resources and equipment, and that CPT code 76377 was not identified on any of the normal screens.

Response: CMS' nominated CPT code 76377 as potentially misvalued due to its similarity to CPT code 76376 (*3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation*), which is reviewed and finalized for 2020. Due to the refinements made to CPT code 76376, CPT code 76377 should be similarly reviewed to resolve the two codes' likely discrepancies. We will consider the valuation of this code in future rulemaking. During this review, we will determine if the clinical indications, the complexity of the work, and the resources that are required, are similar or different for both of these codes.

Comment: We received several comments regarding the AMA RUC's survey and recommended values for the E/M office/outpatient evaluation and management codes (99201 – 99015) for CY 2021.

Response: We refer readers to section II. P. of this final rule where we discuss these codes in detail.

After consideration of the comments received, in summary, we are including CPT code 76377 and HCPCS code G0166 on our final list of potentially misvalued codes for CY 2020. However, we are not including CPT codes 10005 and 10021 on our final list of potentially misvalued codes for CY 2020.

4. Insertion, Removal, and Removal and Insertion of Implantable Interstitial Glucose Sensor System (Category III CPT codes 0446T, 0447T, and 0448T)

Category III CPT codes 0446T, 0447T, and 0448T describe the services related to the insertion, removal, and removal and insertion of an implantable interstitial glucose sensor from subcutaneous pocket, in a subcutaneous pocket via incision. The implantable interstitial glucose sensors are part of systems that can allow real-time glucose monitoring, provides glucose trend information, and signal alerts for detection and prediction of episodes of low blood glucose (hypoglycemia) and high blood glucose (hyperglycemia).

Diabetes is the sixth leading cause of death in the United States, and approximately 20 million Americans have diabetes with an estimated 20.9 percent of the senior population age 60 and older being affected. Millions of people have diabetes and do not know it. Left undiagnosed, diabetes can lead to severe complications such as heart disease, stroke, blindness, kidney failure, leg and foot amputations, and death related to pneumonia and flu. Scientific evidence now shows that early detection and treatment of diabetes with diet, physical activity, and new medicines can prevent or delay much of the illness and complications associated with diabetes. As with management of other chronic conditions, we believe innovative technologies that provide improved data to physicians and patients can be important tools in promoting patient-centered care.

The codes that describe the implantation, removal, and removal and implantation of implantable interstitial glucose sensors are currently contractor-priced. Since the publication of the CY 2020 PFS proposed rule, we have become aware that the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems. We understand that this confusion has led to inhibited access to these services for Medicare beneficiaries.

Given the immediate needs of Medicare beneficiaries with diabetes, including some who could benefit from these innovative technologies, we are seeking information from stakeholders to ensure proper payment for this important physician's service by establishing national payment rates in future rulemaking.

We are seeking information from stakeholders on the resources involved in furnishing the services described by Category III CPT codes 0446T *(Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training),* 0447T *(Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision)*, and 0448T *(Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation).* We are specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies (that is, the supply costs of the implantable device "implantable interstitial glucose sensor", and the smart transmitter).

Under our existing policies, we welcome recommendations on appropriate valuation for these services and any recommendations submitted by February 10, 2020 would be considered for CY 2021 PFS rulemaking.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
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January 2020

Visit Complexity E/M Add-On – Tab 34

In the Proposed Rule for the 2019 Medicare Physician Payment Schedule, CMS proposed reduction in the payment variation for Evaluation and Management (E/M) office visit levels by paying a single blended rate for E/M office visit levels two through five and reducing physician burden by requiring less documentation. CMS also proposed two HCPCS add-on codes:

GCG0X, *Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit),* would be reported "with an E/M service to describe the additional resource costs for specialty professionals for whom E/M visits make up a large percentage of their overall allowed charges and whose treatment approaches we believe are generally reported using the level four and level five E/M visit codes rather than procedural coding because the proposed single payment rate for E/M levels two through five visit codes would not necessarily reflect the resource costs of those types of visits."

GPC1X, *Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit),* would be reported "with the generic E/M code set to adjust payment to account for additional costs beyond the typical resources accounted for in the single payment rate for the levels two through five visits." CMS additionally stated that a primary care visit is partially defined by an ongoing relationship with the patient and this add-on code could be appended to an E/M visit provided to an established patient. GPC1X could be reported for other forms of face-to-face care management, counseling, or treatment of acute or chronic conditions not accounted for by other codes. CMS specifically stated that the resource costs are for additional time spent coordinating patient care, collaborating with other physicians, and communicating with patients.

The proposed elimination by CMS of differentiated payment for levels two through five of E/M office visits led to negative impacts to those physician specialties that perform a high percentage of level four and five E/M office visits. It was assumed that CMS introduced GPC1X and GCG0X, to offset these unintended impacts.

On August 30, 2018, the RUC commented, that the proposed add-on codes GPC1X and GCG0X were not resource-based and not well articulated in the Proposed Rule for the 2019 Medicare Physician Payment Schedule. For example, the proposed payment for GPC1X is not resource-based, relying on a partial crosswalk to another code that is unrelated and not comparable. The RUC noted that there may be merit in rewarding complexity for currently undescribed resource costs in additional CPT codes (e.g., a new shorter prolonged services code), however, the RUC urged CMS to work through the current processes to ensure such services are adequately described and valued.

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In August 2018, the CPT Editorial Panel and the RUC created a workgroup, the CPT/RUC Workgroup on E/M, to develop a coding proposal to simplify the documentation burden related to the provision of E/M office visits and develop an alternative to the CMS proposed payment collapse and add-on code framework. In February 2019, the CPT Editorial Panel approved the Workgroup's recommended new CPT guidelines and revised code descriptors for the E/M office visits 99202-99205 and 99211-99215 to report code levels based on medical decision making or time spent on the date of encounter to be effective for CPT 2021. In addition, CPT code 99201 will be deleted. The Panel also created add-on code 99XXX *Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)* to describe extended E/M office visits.

For the April 2019 RUC meeting, the E/M office visit survey yielded the highest number of responses in the history of the RUC process, with nearly 1,700 physicians completing the survey. The survey was the concerted effort of 51 specialty societies and other health care professional organizations who represent 95 percent of Medicare claims for E/M office visits. Each survey respondent chose his/her specialty that he/she identifies with from a list of 66 Medicare specialty designations (specialties with more than $1 million in Medicare allowed charges for E/M office visits reported separately and bundled). The RUC analyzed the responses and noted that the number of survey responses received per specialty correlated with those who perform E/M office visits in the Medicare Physician Payment Schedule. These data were summarized by categories of specialties (primary care, surgical and medicine/other) and the number of respondents by category was representative of Medicare allowed charges for E/M office visits for those same categories. The RUC recommendations were representative of all specialties who perform E/M office visits.

In the Proposed Rule for the 2020 Medicare Physician Payment Schedule, CMS accepted the RUC work value recommendations for the E/M office visits, for implementation January 1, 2021. However, CMS proposed not to apply the E/M office visit code increases to the visits bundled into global surgery payment. CMS also proposed to simplify the coding by consolidating the two add-on codes into a single add-on code and revising the single code descriptor for CY 2021, code GPC1X, and clarified that any physician would be allowed to report it. CMS revised GPC1X as *Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)*. The revised add-on code may be reported with both new and established office E/M visit levels, not simply the established patient E/M office visits as originally proposed.

In the RUC comments on the new CY 2020 proposal, the Committee surmised CMS' intent to recognize costs associated with patients that are outliers to the typical patient described in the valuation of E/M office visits. The RUC noted, however, that the vignettes utilized in the recent RUC E/M office visits surveys describe a patient that would have ongoing primary care services and/or have a single, serious, or complex chronic condition. For example, the vignette for 99215 is *Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.* Therefore, in the RUC comment letter on the Proposed Rule for 2020, the RUC agreed that regardless of service performed, a surgical procedure or an E/M office visit, physicians should

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already have a way to identify outlier patients where additional payment is warranted, precluding the need for GPC1X. Further, the proposed code GPC1X is not well defined. For example, what is the definition of "serious" in this code descriptor? The RUC recommended that CMS postpone the implementation of this add-on code, allowing the CPT Editorial Panel to better define the service to meet its intended purpose.

In the Final Rule for 2020, CMS stated that the revised E/M office visits and RUC-recommended values more accurately reflect the resources associated with a typical visit. CMS further stated that the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits. CMS argued that there is still a need for an add-on code because the revised E/M office visits do not recognize that there are additional resource costs inherent in furnishing some kinds of E/M office visits.

CMS also clarified "HCPCS code GPC1X does not describe outlier visits, but visits associated with primary care or care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition(s), which we maintain is qualitatively different from the work accounted for in the revalued office/outpatient E/M visits."

CMS stated that the add-on code is not intended to reflect any difference in payment based on specialty, but rather the recognition of different per-visit resource costs based on the kinds of care the physician or other qualified health care professional provides, regardless of their specialty. Therefore, CMS proposed to simplify the coding by consolidating the two add-on codes into a single add-on code and revising the single code descriptor to better describe the work associated with visits that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition. CMS indicated these per-visit resource costs are assumed to be 11 minutes of time spent coordinating patient care, collaborating with other physicians, and communicating with patients. However, the RUC notes that new E/M office visit coding and guidelines allow for reporting by time to account for these additional resources.

CMS encouraged the public to submit additional information and recommendations regarding utilization for HCPCS code GPC1X prior to the February 10, 2020 deadline for submission of RUC and stakeholder valuation recommendations to be considered in CY 2021 rulemaking.

In January 2020, the RUC reviewed letters submitted by various specialty societies and extensively discussed potential RUC recommendations for code GPC1X. The specialties offered such recommendations as refer to CPT to better define its intended purpose; recommend zero physician work, time or practice expense inputs; and CMS rescission of the code. However, it became apparent that there was significant confusion about the underlying intent, definition and potential use of the code. The RUC was unable to address these questions from the information provided in rulemaking to date. The RUC questioned: 1) what are the resources involved in this code and is this physician work already described by other codes?; 2) what is the description of the typical patient receiving this service?; 3) who can report this code and how will reporting of this code be monitored?; and 4) what is the definition of this service and how can service period time be determined for an undefined service?

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Resources
CMS initially defined the additional resources that GPC1X was created to capture the additional time spent coordinating patient care, collaborating with other physicians, and communicating with patients. The cost of these resources are already captured in the newly defined E/M office visits, prolonged services (99358, 99359 and 99XXX), online digital management services (99421-99423), telephone E/M services (99441-99443), interprofessional telephone/internet/electronic health record consultations services (99446-99452), chronic care management services (99490 and 99491), complex chronic care management services (99487 and 99489) or transitional care management services (99495 and 99496). CMS should provide clarification on the exact additional resources it intends to capture by creating GPC1X that are not already defined in existing CPT codes.

Typical Patient
The typical patient to receive GPC1X services is not defined. The RUC and CMS deliberate relative valuation and resource costs based on a description of the typical patient. Is GPC1X intended to describe the additional work with the most complex patients? The RUC vignettes for higher level E/M codes described complex patients. CMS utilization data predicts that 57% of all E/M office visits will now have this visit complexity add-on code appended. This is, therefore, extremely confusing as the resources utilized in performing these visits would have already been incorporated into the typical patient described in the E/M office visits or reported with a higher level of visit using time for reporting. The RUC discussed the vignette issue and was unable to identify a vignette for GPC1X that differentiated the code from the typical patient in the E/M office visit vignettes.

Reporting and Monitoring.
The RUC questioned who will report these services? CMS states that any physician or other qualified health care professional may report the service. However, based on the budget neutrality assumptions, it appears primary care physicians and specific specialties are assumed to report the add-on with 100% of their E/M office visits. Given the questions about what additional resources are used and what the typical patient would be, the RUC agreed the utilization was severely misestimated. There is also little information regarding the required documentation to report the service and how this documentation will be reviewed and monitored.

Time and Definition
CMS allocates 11 minutes physician time for GPC1X, which was crosswalked from CPT code 90785 *Interactive complexity (List separately in addition to the code for primary procedure)*. The 11 minutes of intra-service time for CPT code 90785 is meant to be reported for time spent specifically related to managing a patient's anxiety, maladaptive communications, emotional reactivity and conflict of non-patient participants present during a session. A typical scenario for CPT code 90785 was to be for the extra time to prepare for play therapy with a young child and additional interaction with the parents. In contrast, code GPC1X is the visit complexity associated with ongoing care related to a patient's single, serious, or complex chronic condition. The RUC is confused regarding how the 11 additional minutes described in GPCIX would not already be accounted for in the new E/M office visit structure that allows coding to the next level if additional time is spent on the date of encounter.

The RUC is unable to provide a recommendation on code GPC1X due to the lack of clarity on the purpose, use of and reporting of the code.

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Estimate of Utilization for GPC1X

For purposes of estimating the budget neutrality impacts CMS assumed that the following specialties would report code GPC1X with 100% of their new or established patient E/M office visits: family medicine, general practice, internal medicine, pediatrics, geriatrics, nurse practitioner, physician assistant, endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonary disease.

Therefore, out of the 251 million E/M office visits, CMS assumes 142 million claims will be reported for code GPC1X in 2021, resulting in an approximate $2.6 billion increase in spending and a 3% decrease to the 2021 Medicare conversion factor. The RUC is concerned about the significant impact this will have on all physicians and other health care professionals. **It is essential that CMS re-examine the utilization assumptions.**

The utilization estimates for the transitional care management (TCM) services serve as a cautionary example regarding the impact of overestimating utilization of new codes. In 2013, CMS overestimated utilization for new TCM codes 99495 and 99496, resulting in an overestimated budget offset of approximately **$700 million** in 2013. This reduction was permanently removed from the Medicare Physician Payment Schedule, therefore reducing annual physician spending significantly each year since implementation.

CPT Code	Descriptor	CPT cycle	2013 work RVU	CMS Estimated Medicare Utilization for Budget Neutrality	2013 Actual Medicare Utilization	2018 Actual Medicare Utilization	2013 Payment Rate	2013 CMS Projected Allowed Charges	2013 Actual Allowed Charges	Over-estimated Allowed Charges for TCM
99495	Transitional care management within 14 days of discharge	CPT 2013	2.11	4,244,533	162,104	673,916	$163.99	$696 million (-$200 million) offset for office visits	$27 million	$469 million
99496	Transitional care management within 7 days of discharge	CPT 2013	3.05	1,398,767	136,160	617,906	$231.66	$324 million (-$39 million offset for office visits)	$32 million	$253 million

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The RUC is concerned that overestimating utilization, especially for the initial year of implementation will occur again if CMS goes forward with their proposed utilization estimate of 142 million claims for GPC1X. The current utilization for the TCM services is still significantly less than what CMS estimated for the initial year. CMS currently estimates that GPC1X will be reported with 57% of all E/M office visits. This estimate significantly overstates the actual application of a code that is not well defined or understood. **The RUC recommends that the CMS estimates of utilization for code GPC1X should be more conservative.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
GPC1X	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)	ZZZ	No Recommendation

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office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)), which could be billed with any level of E/M code. We note that we do not propose to make any changes to CPT codes 99354 and 99355, which could still be billed, as needed, when their time thresholds and all other requirements are met. We are proposing a work RVU of 1.17, which is equal to half of the work RVU assigned to CPT code 99354. Additionally, we are proposing direct PE inputs for HCPCS code GPRO1 that are equal to one half of the values assigned to CPT code 99354, which can be found in the Direct PE Inputs public use file for this proposed rule.

(67) Remote Pre-Recorded Services (HCPCS Code GRAS1)

For CY 2019, we are proposing to make separate payment for remote services when a physician uses pre-recorded video and/or images submitted by a patient in order to evaluate a patient's condition through new HCPCS G-code GRAS1 (Remote evaluation of recorded video and/or images submitted by the patient (*e.g.,* store and forward), including interpretation with verbal follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment). We are proposing to value this service by a direct crosswalk to CPT code 93793 (Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed), as we believe the work described is similar in kind and intensity to the work performed as part of HCPCS code GRAS1. Therefore, we are proposing a work RVU of 0.18, preservice time of 3 minutes, intraservice time of 4 minutes, and post service time of 2 minutes. We are also proposing to add 6 minutes of clinical labor (L037D) in the service period. We are seeking comment on the code descriptor and valuation for HCPCS code GRAS1. We direct readers to section II.D. of this proposed rule, which includes additional detail regarding our proposed policies for modernizing Medicare physician payment by recognizing communication technology-based services.

(68) Brief Communication Technology-Based Service, *e.g.*, Virtual Check-in (HCPCS Code GVCI1)

We are proposing to create a G-code, HCPCS code GVCI1 (Brief communication technology based service, *e.g.* virtual check-in, by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion) to facilitate payment for these brief communication technology-based services. We propose to base the code descriptor and valuation for HCPCS code GVCI1 on existing CPT code 99441 (Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion), which is currently not separately payable under the PFS. As CPT code 99441 only describes telephone calls, we are proposing to create a new HCPCS code GVCI1 to encompass a broader array of communication modalities. We do, however, believe that the resource assumptions for CPT code 99441 would accurately account for the costs associated with providing the proposed virtual check-in service, regardless of the technology. We are proposing a work RVU of 0.25, based on a direct crosswalk to CPT code 99441. For the direct PE inputs for HCPCS code GVCI1, we are also proposing the direct PE inputs assigned to CPT code 99441. Given the breadth of technologies that could be described as telecommunications, we look forward to receiving public comments and working with the CPT Editorial Panel and the RUC to evaluate whether separate coding and payment is needed to account for differentiation between communication modalities. We are seeking comment on the code descriptor, as well as the proposed valuation for HCPCS code GVCI1. We direct readers to section II.D. of this proposed rule, which includes additional detail regarding our proposed policies for modernizing Medicare physician payment by recognizing communication technology-based services.

(69) Visit Complexity Inherent to Certain Specialist Visits (HCPCS Code GCG0X)

We are proposing to create a HCPCS G-code to be reported with an E/M service to describe the additional resource costs for specialties for whom E/M visit codes make up a large percentage of their total allowed charges and who we believe primarily bill level 4 and level 5 visits. The treatment approaches for these specialties generally do not have separate coding and are generally reported using the E/M visit codes. We are proposing to create HCPCS code, GCG0X (Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)). We are proposing a valuation for HCPCS code GCG0X based on a crosswalk to 75 percent of the work RVU and time of CPT code 90785 (Interactive complexity), which would result in a proposed work RVU of 0.25 and a physician time of 8.25 minutes for HCPCS code GCG0X. CPT code 90785 has no direct PE inputs. Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more work due to the complexity of the patient. We believe that this work RVU and physician time would be an accurate representation of the additional work associated with the higher level complex visits. For further discussion of proposals relating to this code, see section II.I of this proposed rule. We are seeking comment on the code descriptor, as well as the proposed valuation for HCPCS code GCG0X.

(70) Visit Complexity Inherent to Primary Care Services (HCPCS Code GPC1X)

We are proposing to create a HCPCS G-code for primary care services, GPC1X (Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit)). This code describes furnishing a visit to a new or existing patient, and can include aspects of care management, counseling, or treatment of acute or chronic

conditions not accounted for by other coding. HCPCS code GPC1X would be billed in addition to the E/M visit code when the visit involved primary care-focused services. We are proposing a work RVU of 0.07, physician time of 1.75 minutes. This proposed valuation accounts for the additional work resource costs associated with furnishing primary care that distinguishes E/M primary care visits from other types of E/M visits and maintains work budget neutrality across the office/outpatient E/M code set. For further discussion of proposals relating to this code, see section II.I of this proposed rule. We are seeking comment on the code descriptor, as well as the proposed valuation for HCPCS code GPC1X.

(71) Podiatric Evaluation and Management Services (HCPCS Codes GPD0X and GPD1X)

We are proposing to create two HCPCS G-codes, HCPCS codes GPD0X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient) and GPD1X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient), to describe podiatric evaluation and management services. We are proposing a work RVU of 1.36, a physician time of 28.19 minutes, and direct costs summing to $21.29 for HCPCS code GPD0X, and a work RVU of 0.85, physician time of 21.73 minutes, and direct costs summing to $15.87 for HCPCS code GPD1X. These values are based on the average rate for CPT codes 99201–99203 and CPT codes 99211–99212 respectively, weighted by podiatric volume. For further discussion of proposals relating to these codes, see section II.I of this proposed rule.

(72) Comment Solicitation on Superficial Radiation Treatment Planning and Management

In the CY 2015 PFS final rule with comment period (79 FR 67666–67667), we noted that changes to the CPT prefatory language limited the codes that could be reported when describing services associated with superficial radiation treatment (SRT) delivery, described by CPT code 77401 (radiation treatment delivery, superficial and/or ortho voltage, per day). The changes effectively meant that many other related services were bundled with CPT code 77401, instead of being separately reported. For example, CPT guidance clarified that certain codes used to describe clinical treatment planning, treatment devices, isodose planning, physics consultation, and radiation treatment management cannot be reported when furnished in association with SRT. Stakeholders informed us that these changes to the CPT prefatory language prevented them from billing Medicare for codes that were previously frequently billed with CPT code 77401. We solicited comments as to whether the revised bundled coding for SRT allowed for accurate reporting of the associated services. In the CY 2016 PFS final rule with comment period (80 FR 70955), we noted that the RUC did not review the inputs for SRT procedures, and therefore, did not assess whether changes in valuation were appropriate in light of the bundling of associated services. In addition, we solicited recommendations from stakeholders regarding whether it would be appropriate to add physician work for this service, even though physician work is not included in other radiation treatment services. In the CY 2018 PFS proposed rule (82 FR 34012) and the CY 2018 PFS final rule (82 FR 53082), we noted that the 2016 National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services states that radiation oncology services may not be separately reported with E/M codes. While this NCCI edit is no longer active stakeholders have stated that MACs have denied claims for E/M services associated with SRT based on the NCCI policy manual language. According to stakeholders, the bundling of SRT with associated services, as well as coding confusion regarding the appropriate use of E/M coding to report associated physician work, meant that practitioners were not being paid appropriately for planning and treatment management associated with furnishing SRT. Due to these concerns regarding reporting of services associated with SRT, in the CY 2018 PFS proposed rule (82 FR 34012–34013), we proposed to make separate payment for the professional planning and management associated with SRT using HCPCS code GRRR1 (Superficial radiation treatment planning and management related services, including but not limited to, when performed, clinical treatment planning (for example, 77261, 77262, 77263), therapeutic radiology simulation-aided field setting (for example, 77280, 77285, 77290, 77293), basic radiation dosimetry calculation (for example, 77300), treatment devices (for example, 77332, 77333, 77334), isodose planning (for example, 77306, 77307, 77316, 77317, 77318), radiation treatment management (for example, 77427, 77431, 77432, 77435, 77469, 77470, 77499), and associated E/M per course of treatment). We proposed that this code would describe the range of professional services associated with a course of SRT, including services similar to those not otherwise separately reportable under CPT guidance. Furthermore, we proposed that this code would have included several inputs associated with related professional services such as treatment planning, treatment devices, and treatment management. Many commenters did not support our proposal to make separate payment for HCPCS code GRRR1 for CY 2018, stating that our proposed valuation of HCPCS code GRRR1 would represent a significant payment reduction for the associated services as compared with the list of services that they could previously bill in association with SRT. Commenters voiced concern that the proposed coding would inhibit access to care and discourage the use of SRT as a non-surgical alternative to Mohs surgery. We received comments recommending a variety of potential coding solutions and found that there was not general agreement among commenters about a preferred alternative. In the CY 2018 PFS final rule (82 FR 53081–53083), we solicited further comment, and stated that we would continue our dialogue with stakeholders to address appropriate coding and payment for professional services associated with SRT.

Given stakeholder feedback that we have continued to receive following the publication of the CY 2018 PFS final rule, we continue to believe that there are potential coding gaps for SRT-related professional services. We generally rely on the CPT process to determine coding specificity, and we believe that deferring to this process in addressing potential coding gaps is generally preferable. As our previous attempt at designing a coding solution in the CY 2018 PFS proposed rule did not gain stakeholder consensus, and given that there were various, in some cases diverging, suggestions on a coding solution from stakeholders, we are not proposing changes relating to SRT coding, SRT-related professional codes, or payment policies for CY 2019. However, we are seeking comment on the possibility of creating multiple G-codes specific to services associated with SRT, as was suggested by one stakeholder following the CY 2018 PFS final rule. These codes would be used separately to report services including SRT planning, initial patient simulation visit, treatment device design and construction associated with SRT, SRT management, and medical physics consultation. We are seeking comment

TABLE 13—CY 2019 PROPOSED WORK RVUS FOR NEW, REVISED, AND POTENTIALLY MISVALUED CODES—Continued

HCPCS	Descriptor	Current work RVU	RUC work RVU	CMS work RVU	CMS time refinement
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 31 minutes or more of medical consultative discussion and review.	B	1.40	1.40	No.
994X0	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes.	NEW	0.50	0.50	No.
994X6	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time.	NEW	0.70	0.50	No.
994X7	CCM provided personally by a physician/QHP	NEW	1.45	1.22	No.
994X9	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.	NEW	0.61	0.61	No.
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes.	0.90	0.90	0.90	No.
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes.	0.25	0.25	0.25	No.
G0166	External counterpulsation, per treatment session	0.07	0.00	0.00	No.
G0168	Wound closure utilizing tissue adhesive(s) only	0.45	0.45	0.31	No.
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing.	0.61	0.61	0.61	No.
GCG0X	Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit).	NEW		0.25	No.
GPC1X	Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit).	NEW		0.07	No.
GPD0X	Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient.	NEW		1.35	No.
GPD1X	Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient.	NEW		0.85	No.
GPRO1	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service).	NEW		1.17	No.
GRAS1	Remote pre-recorded service via recorded video and/or images submitted by the patient (*e.g.,* store and forward), including interpretation with verbal follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	NEW		0.18	No.
GSBR1	Alcohol and/or substance (other than tobacco) abuse structured assessment (*e.g.,* audit, dast), and brief intervention, 5–14 minutes.	NEW		0.33	No.

not reflect these additional resources inherent to primary care visits, as evidenced by the fact that primary care visits are generally reported using level 4 E/M codes Therefore, to more accurately account for the type and intensity of E/M work performed in primary care-focused visits, we are proposing to create a HCPCS add-on G-code that may be billed with the generic E/M code set to adjust payment to account for additional costs beyond the typical resources accounted for in the single payment rate for the levels 2 through 5 visits.

We are proposing to create a HCPCS G-code for primary care services, GPC1X (Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an established patient evaluation and management visit)). As we believe a primary care visit is partially defined by an ongoing relationship with the patient, this code would describe furnishing a visit to an established patient. HCPCS code GPC1X can also be reported for other forms of face-to-face care management, counseling, or treatment of acute or chronic conditions not accounted for by other coding. We note that we believe the additional resources to address inherent complexity in E/M visits associated with primary care services are associated only with stand-alone E/M visits as opposed to separately identifiable visits furnished within the global period of a procedure. Separately identifiable visits furnished within a global period are identified on the claim using modifier −25, and would be subject to the MPPR. We note that we have created separate coding that describes non-face-to-face care management and coordination, such as CCM and BHI; however, these services describe non-face-to-face care and can be provided by any specialty so long as they meet the requirements for those codes. HCPCS code GPC1X is intended to capture the additional resource costs, beyond those involved in the base E/M codes, of providing face-to-face primary care services for established patients. HCPCS code GPC1X would be billed in addition to the E/M visit for an established patient when the visit includes primary care services. For HCPCS code GPC1X, we are proposing a work RVU of 0.07, physician time of 1.75 minutes, a PE RVU of 0.07, and an MP RVU of 0.01. This proposed valuation accounts for the additional resource costs associated with furnishing primary care that distinguishes E/M primary care visits from other types of E/M visits, and maintains work budget neutrality across the office/outpatient E/M code set. Furthermore, the proposed add-on G-code for primary care-focused E/M services would help to mitigate potential payment instability that could result from our adoption of single payment rates that apply for E/M code levels 2 through 5. As this add-on G-code would account for the inherent resource costs associated with furnishing primary care E/M services, we anticipate that it would be billed with every primary care-focused E/M visit for an established patient. While we expect that this code will mostly be utilized by the primary care specialties, such as family practice or pediatrics, we are also aware that, in some instances, certain specialists function as primary care practitioners—for example, an OB/GYN or a cardiologist. Although the definition of primary care is widely agreed upon by the medical community and we intend for this G-code to account for the resource costs of performing those types of visits, regardless of Medicare enrollment specialty, we are also seeking comment on how best to identify whether or not a primary care visit was furnished particularly in cases where a specialist is providing those services. For especially complex patients, we also expect that it may be billed alongside the proposed new code for prolonged E/M services described later in this section. We are also seeking comment on whether this policy adequately addresses the deficiencies in CPT coding for E/M services in describing current medical practice, and concerns about the impact on payment for primary care and other services under the PFS. Given the broad scope of our proposals related to E/M services, we are seeking feedback on any unintended consequences of those proposals. We are also seeking comment on any other concerns related to primary care that we might consider for future rulemaking.

We are also proposing to create a HCPCS G-code to be reported with an E/M service to describe the additional resource costs for specialty professionals for whom E/M visit codes make up a large percentage of their overall allowed charges and whose treatment approaches we believe are generally reported using the level 4 and level 5 E/M visit codes rather than procedural coding. Due to these factors, the proposed single payment rate for E/M levels 2 through 5 visit codes would not necessarily reflect the resource costs of those types of visits. Therefore, we are proposing to create a new HCPCS code GCG0X (Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)). Given their billing patterns, we believe that these are specialties that apply predominantly non-procedural approaches to complex conditions that are intrinsically diffuse to multi-organ or neurologic diseases. While some of these specialties are surgical in nature, we believe these surgical specialties are providing increased non-procedural care of high complexity in the Medicare population. The high complexity of these services is reflected in the large proportion of level 4 and level 5 visits that we believe are reported by these specialties, and the extent to which E/M visits are a high proportion of these specialties' total allowed charges. Consequently, these are specialties for which the resource costs of the visits they typically perform are not fully captured in the proposed single payment rate for the levels 2 through level 5 office/outpatient visit codes. When billed in conjunction with standalone office/outpatient E/M visits for new and established patients, the combined valuation more accurately accounts for the intensity associated with higher level E/M visits. To establish a value for this add-on service to be applied with a standalone E/M visit, we are proposing a crosswalk to 75 percent of the work and time of CPT code 90785 (Interactive complexity), which results in a work RVU of 0.25, a PE RVU of 0.07, and an MP RVU of 0.01, as well as 8.25 minutes of physician time based on the CY 2018 valuation for CPT code 90785. Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more resources due to the complexity of the patient. We believe that the proposed valuation for CPT code 90785 would be an accurate representation of the additional work associated with the higher level complex visits. We note that we believe the additional resources to address inherent complexity in E/M visits are associated with stand-alone E/M visits. Additionally, we acknowledge that resource costs for primary care are reflected with the proposed HCPCS code GPC1X, as opposed to the

proposed HCPCS code GCG0X. We note that there are additional codes available that include face-to-face and non-face-to-face work, depending on the code, that previously would have been considered part of an E/M visit, such as the codes for CCM, BHI, and CPT code 99483 (Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (*e.g.,* basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (*e.g.,* functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (*e.g.,* home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (*e.g.,* rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver), which were developed to reflect the additional work of those practitioners furnishing primary care visits. Likewise, we are proposing that practitioners in the specialty of psychiatry would not use either add-on code because psychiatrists may utilize CPT code 90785 to describe work that might otherwise be reported with a level 4 or level 5 E/M visit.

We are seeking comment on both of these proposals.

(iii) Proposed HCPCS G-Code To Describe Podiatric E/M Visits

As described earlier, the vast majority of podiatric visits are reported using lower level E/M codes, with most E/M visits billed at a level 2 or 3, reflecting the type of work done by podiatrists as part of an E/M visit. Therefore, while the proposed consolidation of documentation and payment for E/M code levels 2 through 5 is intended to better reflect the universal elements of E/M visits across specialties and patients, we believe that podiatric E/M visits are not accurately represented by the consolidated E/M structure. In order for payment to reflect the resource costs of podiatric visits, we are also proposing to create two HCPCS G-codes, HCPCS codes GPD0X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient) and GPD1X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient), to describe podiatric E/M services. Under this proposal, podiatric E/M services would be billed using these G-codes instead of the generic office/outpatient E/M visit codes (CPT codes 99201 through 99205 and 99211 through 99215). We propose to create these separate G-codes for podiatric E/M services to differentiate the resources associated with podiatric E/M visits rather than proposing a negative add-on adjustment relative to the proposed single payment rates for the generic E/M levels 2 through 5 codes. Therefore, we are proposing to create separate coding to describe these services, taking into account that most podiatric visits are billed as level 2 or 3 E/M codes. We based the coding structure and code descriptor on CPT codes 92004 (Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits) and 92012 (Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient), which describe visits specific to ophthalmology. To accurately reflect payment for the resource costs associated with podiatric E/M visits, we are proposing a work RVU of 1.35, a physician time of 28.11 minutes, and direct PE inputs totaling $22.53 for HCPCS code GPD0X, and a work RVU of 0.85, physician time of 21.60 minutes, and direct PE inputs totaling $17.07 for HCPCS code GPD1X. These values are based on the average rate for the level 2 and 3 E/M codes (CPT codes 99201–99203 and CPT codes 99211–99212, respectively), weighted by podiatric volume.

(iv) Proposed Adjustment to the PE/HR Calculation

As we explain in section II.B. Determination of Practice Expense (PE) Relative Value Units (RVUs), of this proposed rule, we generally allocate indirect costs for each code on the basis of the direct costs specifically associated with a code and the greater of either the clinical labor costs or the work RVUs. Indirect expenses include administrative labor, office expense, and all other PEs that are not directly attributable to a particular service for a particular patient. Generally, the proportion of indirect PE allocated to a service is determined by calculating a PE/HR based upon the mix of specialties that bill for a service.

As described earlier, E/M visits comprise a significant portion of allowable charges under the PFS and are used broadly across specialties such that our proposed changes can greatly impact the change in payment at the specialty level and at the practitioner level. Our proposals seek to simplify payment for E/M visit levels 2 through 5, and to additionally take into consideration that there are inherent differences in primary care-focused E/M services and in more complex E/M services such that those visits involve greater relative resources, while seeking to maintain overall payment stability across specialties. However, establishing a single PFS rate for new and established patient E/M levels 2 through-5 would have a large and unintended effect on many specialties due to the way that indirect PE is allocated based on the mixture of specialties that furnish a service. The single payment rates proposed for E/M levels 2 through 5 cannot reflect the indirect PE previously allocated differentially across those 8 codes. Historically, a broad blend of specialties and associated PE/HR has been used in the allocation of indirect PE and MP RVUs to E/M services to determine payment rates for these services. As this proposal significantly alters the PE/HR allocation for the office/outpatient E/M codes and any previous opportunities for the public to comment on the data would not have applied to these kinds of E/M services, we do not believe it is in the public interest to allow the allocation of indirect PE to have such an outsized impact on the payment rates for this proposal. Due to the magnitude of the proposed coding and payment changes for E/M visits, it is unclear how the distribution of specialties across E/M services would change. We are concerned that such changes could produce anomalous results for indirect PE allocations since we do not yet know the extent to which specialties would utilize the proposed simplified E/M codes and proposed G-codes. In the past, when utilization data are not

available or do not accurately reflect the expected specialty mix of a new service, we have proposed to crosswalk the PE/HR value from another specialty (76 FR 73036). As such, we are proposing to create a single PE/HR value for E/M visits (including all of the proposed HCPCS G-codes discussed above) of approximately $136, based on an average of the PE/HR across all specialties that bill these E/M codes, weighted by the volume of those specialties' allowed E/M services. We believe that this is consistent with the methodology used to develop the inputs for the proposed simplified E/M payment for the levels 2 through 5 E/M visit codes, and that, for purposes of consistency, the new PE/HR should be applied across the additional E/M codes. We believe a new PE/HR value would more accurately reflect the mix of specialties billing both the generic E/M code set and the add-on codes. If we finalize this proposal, we will consider revisiting the PE/HR after several years of claims data become available.

(v) Proposed HCPCS G-Code for Prolonged Services

Time is often an important determining factor in the level of care, which we consider in our proposal described earlier that physicians and other practitioners can use time as the basis for documenting and billing the appropriate level of E/M visit for purposes of Medicare payment. Currently there is inadequate coding to describe services where the primary resource of a service is physician time. CPT codes 99354 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)) and 99355 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)) describe additional time spent face-to-face with a patient and may be billed when the applicable amount of time exceeds the typical service time of the primary procedure.

Stakeholders have informed CMS that the ''first hour'' time threshold in the descriptor for CPT code 99354 is difficult to meet and is an impediment to billing these codes (81 FR 80228). In response to stakeholder feedback and as part of our proposal to implement a single payment rate for E/M visit levels 2 through 5 while maintaining payment accuracy across the specialties, we are proposing to create a new HCPCS code GPRO1 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)). Given that the physician time of HCPCS code GPRO1 is half of the physician time assigned to CPT code 99354, we are proposing a work RVU of 1.17, which is half the work RVU of CPT code 99354.

In order to estimate the potential impact of these proposed changes, we modeled the results of several options and examined the estimated resulting impacts in overall Medicare allowed charges by physician specialty. In order to isolate the potential impact of these changes from other concurrent proposed changes, we conducted this analysis largely using the code set, policies, and input data that we developed in establishing PFS rates for CY 2018. However, we used the suite of ratesetting programs that included several updates relevant for CY 2019 rulemaking. Consequently, we conducted our analysis regarding potential specialty-level impacts in order to identify the specialties with allowed charges most likely to be impacted by the potential change. We believe these estimates illustrate the magnitude of potential changes for certain physician specialties. However, because our modeling did not account for the full range of technical changes in the input data used in PFS ratesetting, the potential impacts for these isolated policies are relatively imprecise, especially compared to the specialty-level impacts displayed in section VII. of this proposed rule.

Tables 21, 22, and 23 show the estimated changes, for certain physician specialties, and isolated from other proposed changes, in expenditures for PFS services based on potential changes for E/M coding and payment. We note that we are making additional data available to the public to inform our modeling on our E/M coding and payment proposals, available on the CMS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html*.

TABLE 21—UNADJUSTED ESTIMATED SPECIALTY IMPACTS OF PROPOSED SINGLE RVU AMOUNTS FOR OFFICE/OUTPATIENT E/M 2 THROUGH 5 LEVELS

Specialty	Allowed charges (in millions)	Estimated potential impact of valuing levels 2–5 together, without additional adjustments
PODIATRY	$2,022	12%.
DERMATOLOGY	3,525	7%.
HAND SURGERY	202	6%.
OTOLARNGOLOGY	1,220	5%.
ORTHOPEDIC SURGERY	3,815	4%.
ORAL/MAXILLOFACIAL SURGERY	57	4%.
COLON AND RECTAL SURGERY	168	Less than 3% estimated increase in overall payment.
OBSTETRICS/GYNECOLOGY	664	
OPTOMETRY	1,276	
PHYSICIAN ASSISTANT	2,253	
PLASTIC SURGERY	387	
ALLERGY/IMMUNOLOGY	240	Minimal change to overall payment.
ANESTHESIOLOGY	1,995	
AUDIOLOGIST	67	
CARDIAC SURGERY	313	

TABLE 21—UNADJUSTED ESTIMATED SPECIALTY IMPACTS OF PROPOSED SINGLE RVU AMOUNTS FOR OFFICE/OUTPATIENT E/M 2 THROUGH 5 LEVELS—Continued

Specialty	Allowed charges (in millions)	Estimated potential impact of valuing levels 2–5 together, without additional adjustments
CHIROPRACTOR	789	
CRITICAL CARE	334	
EMERGENCY MEDICINE	3,196	
FAMILY PRACTICE	6,382	
GASTROENTEROLOGY	1,807	
GENERAL PRACTICE	461	
GENERAL SURGERY	2,182	
INFECTIOUS DISEASE	663	
INTERVENTIONAL PAIN MGMT	839	
INTERVENTIONAL RADIOLOGY	362	
MULTISPECIALTY CLINIC/OTHER PHYS	141	
NEUROSURGERY	812	
NUCLEAR MEDICINE	50	
NURSE PRACTITIONER	3,586	
OPHTHALMOLOGY	5,542	
OTHER	30	
PATHOLOGY	1,151	
PHYSICAL MEDICINE	1,120	
PSYCHIATRY	1,260	
RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS	1,776	
RADIOLOGY	4,898	
THORACIC SURGERY	360	
UROLOGY	1,772	
VASCULAR SURGERY	1,132	
CARDIOLOGY	6,723	Less than 3% estimated decrease in overall payment.
INTERNAL MEDICINE	11,173	
NEPHROLOGY	2,285	
PEDIATRICS	64	
PULMONARY DISEASE	1,767	
GERIATRICS	214	−4%.
RHEUMATOLOGY	559	−7%.
NEUROLOGY	1,565	−7%.
HEMATOLOGY/ONCOLOGY	1,813	−7%.
ENDOCRINOLOGY	482	−10%.
TOTAL	93,486	0.

Table 21 characterizes the estimated overall impact for certain physician specialties, of establishing single payment rates for the new and established patient E/M code levels 2 through 5, without any of the additional coding or proposed payment adjustments, including the estimated percentage change for the specialties with an estimated increase or decrease in payment greater than 3 percent. Those specialties that tend to bill lower level E/M visits would benefit the most from the proposed change to single PFS payment rates, while those specialties that tend to bill more higher level E/M visits would see the largest decreases in payment with the change to a single PFS rate. The single payment rate for E/M code levels 2 through 5 would benefit podiatry the most because, due to the nature of most podiatric E/M visits, they tend to bill only level 2 and 3 E/M visits.

TABLE 22—SPECIALTY SPECIFIC IMPACTS INCLUDING PAYMENT ACCURACY ADJUSTMENTS

Specialty	Allowed charges (in millions)	Estimated potential impact of valuing levels 2–5 together, with additional adjustments
OBSTETRICS/GYNECOLOGY	$664	4%.
NURSE PRACTITIONER	3,586	3%.
HAND SURGERY	202	Less than 3% estimated increase in overall payment.
INTERVENTIONAL PAIN MGMT	839	
OPTOMETRY	1,276	
PHYSICIAN ASSISTANT	2,253	
PSYCHIATRY	1,260	
UROLOGY	1,772	
ANESTHESIOLOGY	1,995	Minimal change to overall payment.
CARDIAC SURGERY	313	
CARDIOLOGY	6,723	
CHIROPRACTOR	789	

TABLE 22—SPECIALTY SPECIFIC IMPACTS INCLUDING PAYMENT ACCURACY ADJUSTMENTS—Continued

Specialty	Allowed charges (in millions)	Estimated potential impact of valuing levels 2–5 together, with additional adjustments
COLON AND RECTAL SURGERY	168	
CRITICAL CARE	334	
EMERGENCY MEDICINE	3,196	
ENDOCRINOLOGY	482	
FAMILY PRACTICE	6,382	
GASTROENTEROLOGY	1,807	
GENERAL PRACTICE	461	
GENERAL SURGERY	2,182	
GERIATRICS	214	
INFECTIOUS DISEASE	663	
INTERNAL MEDICINE	11,173	
INTERVENTIONAL RADIOLOGY	362	
MULTISPECIALTY CLINIC/OTHER PHYS	141	
NEPHROLOGY	2,285	
NEUROSURGERY	812	
NUCLEAR MEDICINE	50	
OPHTHALMOLOGY	5,542	
ORAL/MAXILLOFACIAL SURGERY	57	
ORTHOPEDIC SURGERY	3,815	
OTHER	30	
PATHOLOGY	1,151	
PEDIATRICS	64	
PHYSICAL MEDICINE	1,120	
PLASTIC SURGERY	387	
RADIOLOGY	4,898	
THORACIC SURGERY	360	
VASCULAR SURGERY	1,132	
ALLERGY/IMMUNOLOGY	240	Less than 3% estimated decrease in overall payment.
AUDIOLOGIST	67	
HEMATOLOGY/ONCOLOGY	1,813	
NEUROLOGY	1,565	
OTOLARNGOLOGY	1,220	
PULMONARY DISEASE	1,767	
RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS	1,776	
RHEUMATOLOGY	559	−3.
DERMATOLOGY	3,525	−4.
PODIATRY	2,022	−4.
TOTAL	93,486	0.

Table 22 characterizes the estimated overall impact for certain physician specialties, including the proposed adjustments have been made to reflect the distinctions in resource costs among certain types of E/M visits. In other words, Table 22 shows the proposed impacts of adopting the proposed single payment rates for new and established patient E/M visit levels 2 through 5, the application of a MPPR to E/M visits when furnished by the same practitioner (or practitioner in the same practice) on the same-day as a global procedure code, the add-on G-codes for primary care-focused services and inherent visit complexity, and the technical adjustments to the PE/HR value. Table 22 includes the estimated percentage change for the specialties with an estimated increase or decrease in payment greater than three percent. In our modeling, we assumed E/M visits for specialties that provide a significant portion of primary care like family practice, internal medicine, pediatrics and geriatrics utilized the G-code for visit complexity inherent to evaluation and management associated with primary medical care services with every office/outpatient visit furnished. Also for the purposes of our modeling, we assumed that specialties including endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or interventional pain management-centered care utilized the G-code for visit complexity inherent to evaluation and management with every office/outpatient E/M visit. Table 22 does not include the impact of the use of the additional prolonged services code. The specialties that we estimate would experience a decrease in payments are those that bill a large portion of E/M visits on the same day as procedures, and would see a reduction based on the application of the MPPR adjustments. Some of these specialties, such as allergy/immunology and cardiology are also negatively impacted by the proposed single payment rates themselves, although not to the same degree as they would have been without any adjustments to provide alternate coding to reflect their resource costs, as illustrated in Table 21. The specialties that we estimate will see an increase in payments from these proposals, like psychiatry, nurse practitioner, and endocrinology, are seeing payment increases due to a combination of the single payment rate and the add-on codes for inherent visit complexity.

As an example, in CY 2018, a physician would bill a level 4 E/M visit and document using the existing documentation framework for a level 4 E/M visit. Their payment rate would be approximately $109 in the office setting.

If these proposals are finalized, the physician would bill the same visit code for a level 4 E/M visit, documenting the visit according to the minimum documentation requirements for a level 2 E/M visit and/or based on their choice of using time, MDM, or the 1995 or 1997 guidelines, plus either of the proposed add-on codes (HCPCS codes GPC1X or GCG0X) depending on the type of patient care furnished, and could bill one unit of the proposed prolonged services code (HCPCS code GPRO1) if they meet the time threshold for this code. The combined payment rate for the generic E/M code and HCPCS code GPRO1 would be approximately $165 with HCPCS code GPC1X and approximately $177 with HCPCS code GCG0X.

We welcome comments on all of these proposals.

(vi) Alternatives Considered

We considered a number of other options for simplifying coding and payment for E/M services to align with the proposed reduction in documentation requirements and better account for the resources associated with inherent complexity, visit complexity, and visits furnished on the same day as a 0-day global procedure. For example, we considered establishing single payment rates for new and established patients for combined E/M visit levels 2 through 4, as opposed to combined E/M visit levels 2 through 5. This option would have retained a separately valued payment rate for level 5 visits that would be reserved for the most complex visits or patients. However, maintaining a separately valued payment rate for this higher level visit based on the current CPT code definition has the consequence of preserving some of the current coding distinctions within the billing systems. Ultimately we believe that providing for two levels of payment and documentation (setting aside level 1 visits which are primarily visits by clinical staff) relieves more burden than three levels, and that two levels plus the proposed add-on coding more accurately captures the differential resource costs involved in furnishing E/M services to all patients. If we retained a coding scheme involving three or more levels of E/M visits, it would not be appropriate to apply a minimum documentation requirement as we propose to do. We would need to develop documentation requirements unique to each of the higher level visits. There would be a greater need for program integrity mechanisms to prevent upcoding and ensure that practitioners who chose to report the highest level visit justified their selection of code level. We could still simplify the documentation requirements for E/M visits relative to the current framework, but would need a more extensive, differential documentation framework than what we propose in this rule, in order to distinguish among visit levels. We are interested in stakeholder input on the best number of E/M visit levels and how to best achieve a balance between number of visit levels and simpler, updated documentation rules. We are seeking input as to whether these two aspects of our proposals together can reduce burden and ensure accurate payment across the broad range of E/M visits, including those for complex and high need beneficiaries.

TABLE 23—UNADJUSTED ESTIMATED SPECIALTY IMPACTS OF SINGLE PFS RATE FOR OFFICE/OUTPATIENT E/M LEVELS 2 THROUGH 4

Specialty	Allowed charges (millions)	Impact (percent)
Podiatry	$2,022	10
Dermatology	3,525	6
Hand Surgery	202	5
Oral/Maxillo-facial Surgery	57	4
Otolaryngology	1,220	4
Cardiology	6,723	−3
Hematology/Oncology	1,813	−3
Neurology	1,565	−3
Rheumatology	559	−6
Endocrinology	482	−8

Note: All other specialty level impacts were within +/− 3%.

Table 23 shows the specialties that would experience the greatest increase or decrease by establishing single payment rates for E/M visit levels 2 through 4, while maintaining the value of the level 1 and the level 5 E/M visits. The specialty level impacts are similar to those in Table 21 as the specialties that bill more higher level visits do not benefit by maintaining a distinct payment for the level 5 visit as much as they experience a reduction in the rate for a level 4 visit. Similarly, the specialties that bill predominantly lower level visits would still benefit disproportionally to the increase in rate for the level 2 and level 3 visits.

Section 101(f) of the MACRA, enacted on April 16, 2015, added a new subsection (r) under section 1848 of the Act entitled Collaborating with the Physician, Practitioner, and Other Stakeholder Communities to Improve Resource Use Measurement. Section 1848(r) of the Act requires the establishment and use of classification code sets: Care episode and patient condition groups and codes; and patient relationship categories and codes. As described in the CY 2018 PFS final rule, we finalized use of Level II HCPCS Modifiers as the patient relationship codes and finalized that Medicare claims submitted for items and services furnished by a physician or applicable practitioner on or after January 1, 2018, should include the applicable patient relationship codes, as well as the NPI of the ordering physician or applicable practitioner (if different from the billing physician or applicable practitioner). We noted that for CY 2018, reporting of the patient relationship modifiers would be voluntary and the use and selection of the modifiers would not be a condition of payment (82 FR 53234). The patient relationship codes are as follows: X1: Continuous/broad; X2: Continuous/focused; X3: Episodic/focused; X4: Episodic/broad; and X5: Only as ordered by another physician. These codes are to be used to help define and distinguish the relationship and responsibility of a clinician with a patient at the time of furnishing an item or service, facilitate the attribution of patients and episodes to one or more clinicians, and to allow clinicians to self-identify their patient relationships.

We considered proposing the use of these codes to adjust payment for E/M visits to the extent that these codes are indicative of differentiated resources provided in E/M visits, and we considered using these codes as an alternative to the proposed use of G-codes to reflect visit complexity inherent to evaluation and management in primary care and certain other specialist services, as a way to more accurately reflect the resource costs associated with furnishing different kinds of E/M visits. We are seeking comment on this alternative. We are particularly interested in whether the modifiers would accurately reflect the differences between resources for E/M visits across specialties and would therefore be useful to adjust payment differentially for the different types of E/M visits that we previously identified.

e. Emergency Department and Other E/M Visit Settings

As we mentioned above, the E/M visit code set is comprised of individual subsets of codes that are specific to various clinical settings including office/outpatient, observation, hospital inpatient, emergency department, critical care, nursing facility, domiciliary or rest home, and home services. Some of these code subsets have three E/M levels of care, while

V. Evaluation & Management (E/M) Office Visits

CMS has proposed a bold strategy to reduce the administrative burden in documenting and auditing Evaluation and Management (E/M) services. The Agency felt compelled to address coding and payment of physician office visits at the same time as proposing welcomed burden relief. Unfortunately, the proposed implementation of the E/M coding and payment changes is not workable. CMS will receive comments from the AMA, national and state medical specialty societies, and other health care professional organizations. We urge CMS to seriously consider these comments and postpone any E/M payment and coding changes for 2019. We understand that organizations will call on CMS to implement certain elements of their burden reduction plan immediately, and we support those efforts. The RUC will limit our comments to those that pertain to the serious implications to relativity and the RBRVS that result from this proposal.

The E/M payment collapse led to a series of "corrections" that appeared to have snowballed as impact analysis and policymaking was underway. When CMS opted to eliminate differentiated payment for levels of E/M office visits, primary care physicians and specialists who report higher level E/M visits were negatively impacted, while specialties who report lower level E/M visits were positively impacted. CMS desired a proposal that was budget neutral, so a series of add-on codes and payment policies were proposed. These proposals are not resource-based and often not well articulated in the *Proposed Rule*. For example, the add-on payment for primary care services is clearly not resource-based, relying on a partial crosswalk to another code that is unrelated and not comparable. The add-on code for a specific list of specialties (or specialty services) is arbitrary and is also not resource-based. There may be merit in rewarding complexity or currently undescribed resource costs in additional CPT codes (eg, a new shorter prolonged services code), however, we urge CMS to work through the current processes to ensure such services are adequately described and valued.

Additional efforts to incorporate the CMS proposal into the current constraints of budget neutrality, and a complex practice expense methodology, have led to an unacceptable payment proposal. The multiple procedure payment reduction (MPPR) and the unintended outcome within the rate setting process via the indirect practice cost indices (IPCIs) lead to significant redistribution. The RUC discusses these two issues below

.

A. Multiple Procedure Payment Reduction

Intertwined with the proposed E/M payment collapse and new add-on payments, is a faulty and redundant multiple procedure payment reduction (MPPR) proposal. Based on information contained in the *Proposed Rule*, information appended to payment files on the CMS website, and statements made by CMS staff, we understand that the 10 office visit CPT codes (99201-99215) and the two proposed podiatry codes (GPD0X and GPD1X) will be added to the 2019 list of codes with a surgical multiple procedure payment indicator of "2." When two codes on this list are performed on the same date of service, by the same physician or other health care professional, the payment for the code with the lowest total RVU would be reduced by 50%. There are more than 5,000 codes on this list, so the application of this policy will be broad. In fact, our analysis indicates that this policy alone accounts for $850 million in redistribution. For most code pairs, the office visit payment will be reduced by 50%. There are fewer than 200 procedures or services that are valued lower than office visits on this list and in those cases, the procedure payment will be reduced by 50%. **The MPPR proposal is flawed as it represents duplication of payment reduction that has already been made to the same-day procedures. The RUC urges CMS to not move forward with its implementation.**

(67) Remote Pre-Recorded Services (HCPCS Code G2010)

For CY 2019, we proposed to make separate payment for remote evaluation services when a physician uses pre-recorded video and/or images submitted by a patient in order to evaluate a patient's condition through new HCPCS G-code G2010 (Remote evaluation of recorded video and/or images submitted by the patient (*e.g.,* store and forward), including interpretation with verbal follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment). We proposed to value this service by a direct crosswalk to CPT code 93793 (Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed), as we believe the work described is similar in kind and intensity to the work performed as part of HCPCS code G2010. Therefore, we proposed a work RVU of 0.18, preservice time of 3 minutes, intraservice time of 4 minutes, and post service time of 2 minutes. We also proposed to add 6 minutes of clinical labor (L037D) in the service period. We solicited comment on the code descriptor and valuation for HCPCS code G2010. We direct readers to section II.D. of this final rule, which includes additional detail regarding our proposed policies for modernizing Medicare physician payment by recognizing communication technology-based services.

The following is a summary of the comments we received on the code descriptor and valuation for HCPCS code G2010.

Comment: Several commenters stated that the proposed payment rate is too low, citing that it is below market compared to the rate many asynchronous telemedicine companies pay their contracted/employed physician staff, and noted that new patients in particular require more resources, whereas others stated that the proposed valuation was appropriate.

Response: We believe that the proposed valuation accurately reflects the resources involved in furnishing this service and note that we are finalizing limiting this service to established patients. We also note that we plan to monitor the utilization of this code and routinely address recommended changes in values for codes paid under the PFS.

After considering the public comments, we are finalizing the work RVU and direct PE inputs for HCPCS code G2010 as proposed.

(68) Brief Communication Technology-Based Service, *e.g.* Virtual Check-In (HCPCS Code G2012)

We proposed to create a G-code, HCPCS code G2012 (Brief communication technology based service, *e.g.* virtual check-in, by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion) to facilitate payment for these brief communication technology-based services. We proposed to base the code descriptor and valuation for HCPCS code G2012 on existing CPT code 99441 (Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion), which is currently not separately payable under the PFS. As CPT code 99441 only describes telephone calls, we are proposing to create a new HCPCS code G2012 to encompass a broader array of communication modalities. We do, however, believe that the resource assumptions for CPT code 99441 would accurately account for the costs associated with providing the proposed virtual check-in service, regardless of the technology. We proposed a work RVU of 0.25, based on a direct crosswalk to CPT code 99441. For the direct PE inputs for HCPCS code G2012, we also proposed the direct PE inputs assigned to CPT code 99441. Given the breadth of technologies that could be described as telecommunications, we anticipated receiving public comments and working with the CPT Editorial Panel and the RUC to evaluate whether separate coding and payment is needed to account for differentiation between communication modalities. We solicited comment on the code descriptor, as well as the proposed valuation for HCPCS code G2012. We direct readers to section II.D. of this final rule, which includes additional detail regarding our proposed policies for modernizing Medicare physician payment by recognizing communication technology-based services.

The following is a summary of the comments we received on the code descriptor, as well as the proposed valuation for HCPCS code G2012.

Comment: Several commenters stated that the proposed payment rate would be inadequate for modalities that are both audio and visual capable, whereas other commenters stated that the proposed valuation was appropriate.

Response: We appreciate the input provided by the commenters. As noted in section II.D. of this final rule, we are finalizing the valuation for this service as proposed. We note that we are finalizing allowing audio-only real-time telephone interactions in addition to synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission. We believe the proposed valuation reflects the low work time and intensity and accounts for the resource costs and efficiencies associated with the use of communication technology. We recognize that the valuation of this service is relatively modest, especially compared to in-person services, however, we believe that the proposed valuation accurately reflects the resources involved in furnishing this service.

We plan to monitor the utilization of this code and note that we routinely address recommended changes in values for codes paid under the PFS and would expect to do this in future rulemaking.

After consideration of the public comments, we are finalizing the work RVU and direct PE inputs for HCPCS code G2012 as proposed.

(69) Visit Complexity Inherent to Certain Specialist Visits (HCPCS Code GCG0X)

We proposed to create a HCPCS G-code to be reported with an E/M service to describe the additional resource costs for specialties for whom E/M visit codes make up a large percentage of their total allowed charges and who we believe primarily bill level 4 and level 5 visits. The treatment approaches for these specialties generally do not have separate coding and are generally reported using the E/M visit codes. We proposed to create HCPCS code, GCG0X (Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or

interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)). We proposed a valuation for HCPCS code GCG0X based on a crosswalk to 75 percent of the work RVU and time of CPT code 90785 (Interactive complexity), which would result in a proposed work RVU of 0.25 and a physician time of 8.25 minutes for HCPCS code GCG0X. CPT code 90785 has no direct PE inputs. Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more work due to the complexity of the patient. We believe that this work RVU and physician time would be an accurate representation of the additional work associated with the higher level complex visits. For further discussion of proposals relating to this code, see section II.I. of this final rule. We solicited comment on the code descriptor, as well as the proposed valuation for HCPCS code GCG0X.

The following is a summary of the comments we received on the code descriptor, as well as the proposed valuation for HCPCS code GCG0X.

Comment: As almost all commenters did not support the overall E/M coding and payment proposals, we did not receive comments with specific suggestions on valuation for HCPCS code GCG0X.

Response: For CY 2021, we are finalizing the proposed add-on code for visit complexity inherent to non-procedural specialty care using the input values, as proposed. We note that prior to implementation for CY 2021, we could consider, through rulemaking, the code and its valuation in the context of any potential changes to CPT codes and/or recommendations offered by stakeholders, including the RUC, as part of our annual process for valuing PFS services. See section II.I. of this final rule for further discussion of the E/M policy.

(70) Visit Complexity Inherent to Primary Care Services (HCPCS Code GPC1X)

We proposed to create a HCPCS G-code for primary care services, GPC1X (Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit)). This code describes furnishing a visit to a new or existing patient, and can include aspects of care management, counseling, or treatment of acute or chronic conditions not accounted for by other coding. HCPCS code GPC1X would be billed in addition to the E/M visit code when the visit involved primary care-focused services. We proposed a work RVU of 0.07, physician time of 1.75 minutes. This proposed valuation accounts for the additional work resource costs associated with furnishing primary care that distinguishes E/M primary care visits from other types of E/M visits and maintains work budget neutrality across the office/outpatient E/M code set. For further discussion of proposals relating to this code, see section II.I. of this final rule. We solicited comment on the code descriptor, as well as the proposed valuation for HCPCS code GPC1X.

The following is a summary of the comments we received on the code descriptor, as well as the proposed valuation for HCPCS code GPC1X.

Comment: We received a few comments suggesting that the primary care add-on was undervalued, particularly in comparison to the add-on code for specialty visit complexity. A few commenters suggested that, at the very least, we should equalize the value for these codes.

Response: We agree that the proposed inputs do not reflect the resources associated with furnishing primary care visits. For CY 2021, we are finalizing the proposed add-on code for visit complexity inherent to primary care using the inputs associated with HCPCS code GCG1X: A work RVU of 0.25 and a physician time of 8.25 minutes. We note that prior to implementation for 2021, we could consider, through rulemaking, the code and its valuation in the context of any potential changes to CPT codes and/or recommendations offered by stakeholders, including the RUC, as part of our annual process for valuing PFS services. See section II.I. of this final rule for further discussion of the E/M policy.

(71) Podiatric Evaluation and Management Services (HCPCS Codes GPD0X and GPD1X)

We proposed to create two HCPCS G-codes, HCPCS codes GPD0X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient) and GPD1X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient), to describe podiatric evaluation and management services. We proposed a work RVU of 1.36, a physician time of 28.19 minutes, and direct costs summing to $21.29 for HCPCS code GPD0X, and a work RVU of 0.85, physician time of 21.73 minutes, and direct costs summing to $15.87 for HCPCS code GPD1X. These values are based on the average rate for CPT codes 99201–99203 and CPT codes 99211–99212 respectively, weighted by podiatric volume. For further discussion of proposals relating to these codes, see section II.I. of this final rule.

Comment: As almost all commenters did not support the overall E/M coding and payment proposals and these codes specifically, we did not receive comments with specific suggestions on valuation.

Response: In response to comments, we are not finalizing HCPCS codes GPD0X and GPD1X for CY 2019. See section X of this final rule for further discussion of the E/M policy.

(72) Comment Solicitation on Superficial Radiation Treatment Planning and Management

In the CY 2015 PFS final rule with comment period (79 FR 67666 through 67667), we noted that changes to the CPT prefatory language limited the codes that could be reported when describing services associated with superficial radiation treatment (SRT) delivery, described by CPT code 77401 (radiation treatment delivery, superficial and/or ortho voltage, per day). The changes effectively meant that many other related services were bundled with CPT code 77401, instead of being separately reported. For example, CPT guidance clarified that certain codes used to describe clinical treatment planning, treatment devices, isodose planning, physics consultation, and radiation treatment management cannot be reported when furnished in association with SRT. Stakeholders informed us that these changes to the CPT prefatory language prevented them from billing Medicare for codes that were previously frequently billed with CPT code 77401. We solicited comments as to whether the revised bundled coding for SRT allowed for accurate reporting of the associated services. In the CY 2016 PFS final rule with comment period (80 FR 70955), we noted that the RUC did not review the inputs for SRT procedures, and therefore, did not assess whether changes in valuation were appropriate in light of the bundling of associated services. In addition, we solicited recommendations from stakeholders regarding whether it would be appropriate to add physician work for this service, even though physician work is not included in other radiation treatment services. In the CY 2018 PFS proposed rule (82 FR 34012) and the CY 2018 PFS final rule (82 FR 53082), we noted that the 2016 National Correct

described imperfectly by relatively generic visit codes.

Similarly, stakeholders such as the commenters responding to the CY 2018 PFS proposed rule have articulated persuasively that visits furnished for the purpose of primary care also involve distinct resource costs. In developing this proposal, we consulted a variety of resources, including the American Academy of Family Physicians (AAFP) definition of primary care that states that the resource costs associated with furnishing primary care services particularly include time spent coordinating patient care, collaborating with other physicians, and communicating with patients (see *https://www.aafp.org/about/policies/all/primary-care.html*). Despite our efforts in recent years to pay separately for certain aspects of primary care services, such as through the chronic care management or the transitional care management services, the currently available coding still does not adequately reflect the full range of primary care services, nor does it allow payment to fully capture the resource costs involved in furnishing a face-to-face primary care E/M visit. We recognized that primary care services frequently involve substantial non-face-to-face work, and noted that there is currently coding available to account for many of those resources, such as chronic care management (CCM), behavioral health integration (BHI), and prolonged non-face-to-face services. In light of the existing coding, our proposal only addressed the additional resources involved in furnishing the face-to-face portion of a primary care service. As the point of entry for many patients into the healthcare system, primary care visits frequently require additional time for communicating with the patient, patient education, consideration and review of the patient's medical needs. We believed the proposed value for the single payment rate for the E/M levels 2 through 5 new and established patient visit codes does not reflect these additional resources inherent to primary care visits, as evidenced by the fact that primary care visits are generally reported using level 4 E/M codes. Therefore, to more accurately account for the type and intensity of E/M work performed in primary care-focused visits, we proposed to create a HCPCS add-on G-code that could be billed with the generic E/M code set to adjust payment to account for additional costs beyond the typical resources accounted for in the single payment rate for the levels 2 through 5 visits.

We proposed to create a HCPCS G-code for primary care services, HCPCS code GPC1X (Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an established patient evaluation and management visit)). As we believe a primary care visit is partially defined by an ongoing relationship with the patient, this code would describe furnishing a visit to an established patient. HCPCS code GPC1X could also be reported for other forms of face-to-face care management, counseling, or treatment of acute or chronic conditions not accounted for by other coding. We noted that we believed the additional resources to address inherent complexity in E/M visits associated with primary care services are associated only with stand-alone E/M visits as opposed to separately identifiable visits furnished within the global period of a procedure. Separately identifiable visits furnished within a global period are identified on the claim using modifier –25, and would be subject to the MPPR. We noted that we created separate coding that describes non-face-to-face care management and coordination, such as CCM and BHI; however, these services describe non-face-to-face care and can be provided by any specialty as long as they meet the requirements for those codes. HCPCS code GPC1X was intended to capture the additional resource costs, beyond those involved in the base E/M codes, of providing face-to-face primary care services for established patients. HCPCS code GPC1X would be billed in addition to the E/M visit for an established patient when the visit includes primary care services. For HCPCS code GPC1X, we proposed a work RVU of 0.07, physician time of 1.75 minutes, no direct PE inputs, and an MP RVU of 0.01. This proposed valuation accounted for the additional resource costs associated with furnishing primary care that distinguishes E/M primary care visits from other types of E/M visits, and would maintain work budget neutrality across the office/outpatient E/M code set. Furthermore, the proposed add-on G-code for primary care-focused E/M services would help to mitigate potential payment instability that could result from our adoption of single payment rates that apply for E/M code levels 2 through 5. As this add-on G-code would account for the inherent resource costs associated with furnishing primary care E/M services, we anticipated that it would be billed with every primary care-focused E/M visit for an established patient. Although we expected that this code would mostly be utilized by the primary care specialties, such as family practice or pediatrics, we were also aware that, in some instances, certain specialists function as primary care practitioners—for example, an OB/GYN or a cardiologist. Although the definition of primary care is widely agreed upon by the medical community and we intended for this G-code to account for the resource costs of performing those types of visits, regardless of Medicare enrollment specialty, we also solicited comment on how best to identify whether or not a primary care visit was furnished, particularly in cases where a specialist is providing those services. For especially complex patients, we also expected that this G-code would be billed alongside the new code we proposed for prolonged E/M services described later in this section.

We also solicited comment on whether this policy adequately addresses the deficiencies in CPT coding for E/M services in describing current medical practice, and concerns about the impact on payment for primary care and other services under the PFS.

We also proposed to create a HCPCS G-code to be reported with an E/M service to describe the additional resource costs for specialty professionals for whom E/M visit codes make up a large percentage of their overall allowed charges and whose treatment approaches we believed are generally reported using the level 4 and level 5 E/M visit codes rather than procedural coding. Due to these factors, the proposed single payment rate for E/M levels 2 through 5 visit codes would not necessarily reflect the resource costs of those types of visits. Therefore, we proposed to create a new HCPCS code GCG0X (Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)). Given their billing patterns, we believed that these are specialties that apply predominantly non-procedural approaches to complex conditions that are intrinsically diffuse to multi-organ or neurologic diseases. Although some of these specialties are surgical in nature, we believed these surgical specialties are providing increased non-procedural care of high complexity in the Medicare population. The high complexity of these services is reflected

in the large proportion of level 4 and level 5 visits that we believed are reported by these specialties, and the extent to which E/M visits are a high proportion of these specialties' total allowed charges. Consequently, these are specialties for which the resource costs of the visits they typically perform are not fully captured in the proposed single payment rate for the levels 2 through level 5 office/outpatient visit codes. When billed in conjunction with standalone office/outpatient E/M visits for new and established patients, the combined valuation more accurately accounts for the intensity associated with higher level E/M visits. To establish a value for this add-on service to be applied with a standalone E/M visit, we proposed a crosswalk to 75 percent of the work and time of CPT code 90785 (Interactive complexity), which would result in a work RVU of 0.25, no direct PE inputs, and an MP RVU of 0.01, as well as 8.25 minutes of physician time based on the CY 2018 valuation for CPT code 90785. Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more resources due to the complexity of the patient. We believed that the proposed valuation for CPT code 90785 would be an accurate representation of the additional work associated with the higher level complex visits. We noted that we believed the additional resources to address inherent complexity in E/M visits are associated with stand-alone E/M visits. Additionally, we acknowledged that resource costs for primary care are reflected with the proposed HCPCS code GPC1X, as opposed to the proposed HCPCS code GCG0X. We note that there are additional codes available that include face-to-face and non-face-to-face work, depending on the code, that previously would have been considered part of an E/M visit, such as the codes for CCM, BHI, and CPT code 99483 (Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (*e.g.,* basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (*e.g.,* functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (*e.g.,* home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (*e.g.,* rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver), which were developed to reflect the additional work of those practitioners furnishing primary care visits. Likewise, we proposed that practitioners in the specialty of psychiatry would not use either add-on code because psychiatrists may utilize CPT code 90785 to describe work that might otherwise be reported with a level 4 or level 5 E/M visit.

Given the broad scope of our proposals related to E/M services, we solicited feedback on any unintended consequences of those proposals. We also solicited comment on any other concerns related to primary care that we might consider for future rulemaking.

Comment: Many commenters stated that CMS needed to clarify the definition of primary care services that would fall under the scope of the primary care complexity add-on.

Some commenters suggested that ambiguity around the definition of the primary care add-on would create additional documentation burden and concern regarding audit risk. For example, many commenters presented examples of physicians of many different specialties furnishing particular services that might be considered to be primary care, such as when a dermatologist prescribes an anti-hypertensive medication, and what documentation would be required to justify billing of the add-on code.

In response to CMS' solicitation for accepted definitions of primary care, the AAFP stated that primary care services are performed by practitioners ''specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern.'' The primary care physician ''provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's comprehensive care.'' Because the definition of a primary care service hinges on the ongoing relationship with the patient, the AAFP recommended that the add-on code not be limited to established patients, but expanded to new patients when the physician has an expectation that an ongoing relationship will develop.

In response to CMS' request for comment on the circumstances when it would be appropriate for a specialist to bill for primary care services, the AAFP stated that while physicians who are not trained in the core primary care specialties can provide services focused on ''specific patient care needs related to prevention, health maintenance, acute care, chronic care, or rehabilitation'' but not within the context of ''comprehensive, first contact, and continuing care.'' Therefore, the AAFP stated that these practitioners were not providing primary care.

Response: We are appreciative of the concerns commenters shared regarding the potential risks of ambiguity in knowing when the code, as proposed, would be appropriately reported, and how the documentation would need to justify its appropriateness. The proposal to use an add-on code to account for the inherent complexity associated with primary care visits was intended to account for appropriate resource variation between primary care and other kinds of visits without imposing additional documentation to justify its being reported for each and every visit with a beneficiary. We note that this proposal was in keeping with our longstanding assessment that there are certain complexities inherent in furnishing some kinds of E/M visits that the current E/M coding and visit levels do not fully recognize. We also believe that in almost all cases where physicians and other professionals are furnishing primary care, information already in the medical record or on the claim, such as physician specialty, diagnosis codes, other service codes billed (chronic care or transitional care management services), or patient relationship codes would serve as sufficient documentation that the furnished visit met the primary care description. For example, we would expect that most practitioners enrolled in such specialties as family medicine, internal medicine, pediatrics, and geriatrics would be billing the primary care visit complexity add-on with every office/outpatient E/M visit. The visits themselves would still need to be

medically reasonable and necessary in order for the practitioner to report the service, and the documentation would need to illustrate medical necessity of the visit, but we believe the appropriateness of using the primary care add-on to the visit would not necessitate additional documentation. We also agree with the AAFP that billing this code should not be limited to established patients, as a primary care visit may also be a new patient visit where the expectation of an ongoing relationship is present.

For example, a 68-year-old woman with progressive congestive heart failure (CHF), diabetes and gout on multiple medications transfers care to a new primary care clinician. During a visit to establish care, the clinician discusses the patient's current health issues that includes confirmation that her CHF symptoms have remained stable over the past 3 months. She also denies symptoms to suggest hyper or hypoglycemia, but does note pain in her right wrist and knee. Based on the patient's history, physical exam findings and discussion, the clinician adjusts the dosage of some of the patient's medications, instructs the patient to take acetaminophen for her joint pain, request copies of prior diagnostic studies from his former providers, and orders laboratory tests to assess glycemic control, metabolic status and kidney function. The practitioner also discusses age appropriate prevention with the patient and orders a pneumonia vaccination and screening colonoscopy.

In this case, since the practitioner is furnishing care for conditions across a spectrum of diagnoses and organ systems and coordinating the patient's care among multiple health care providers, the practitioner would report the primary care resource add-on with the appropriate E/M code. We anticipate that the issues addressed by a physician will often track with the physician's specialty training. Therefore, it would not be unexpected for this physician to be reporting the primary care resource add-on code for almost all E/M visits, provided they are furnishing primary care during those visits. We would expect that claims records would include the billing physician's specialty and that the medical record would include the diagnoses for the patient, and the clinician's assessment and plan for that visit. This information would serve as sufficient documentation that the furnished visit met the primary care complexity description and so there would be no need to provide additional documentation.

We agree with AAFP that the vast majority of visits billed with the primary care complexity add-on would be performed by the previously mentioned specialties; however, we also recognize that there is not consensus among medical specialties on this definition. We also believe that there are clinical scenarios when a specialist may perform primary care. For example:

A cardiologist serving beneficiaries in a rural location provides care for complex cardiac conditions as well as primary care in her clinical practice. This practitioner sees a 75-year-old female with hypertension, coronary artery disease, and osteoarthritis for routine follow up care. During the visit, the patient describes a worsening pain in her hip and dizziness for the past month. The clinician notes gait instability and painful motion of her hip, and significant orthostasis upon standing. The clinician observes that the patient has made errors in filling her pill box, and has a new counter anti-histamine that the patient obtained from her friend to help with sleep. The clinician conducts a brief cognitive test, ascertains that the patient had not fallen, and recommends stopping the anti-cholinergic medication, and adjustment of her blood pressure medications with close follow-up monitoring. In addition to reviewing the patients' cardiac status, initiating imaging to evaluate the hip, the clinician also recommends a home safety evaluation and schedules a follow-up visit to include her adult daughter who lives nearby. In this case, since the clinician is furnishing primary care services as well as specialty cardiology services, the physician would appropriately be reporting the primary care complexity add-on in addition to the appropriate E/M visit code. We would expect that the claims record would include the billing physician's specialty. The medical record would also include the diagnoses for the patient and clinician's assessment and plan for that visit.

This information would serve as sufficient documentation that the furnished visit met the primary care and non-procedural specialty care complexity adjustment descriptions and so there would be no need to provide additional documentation.

Comment: Some commenters supported the creation of an add-on code for primary care visit complexity, but pointed out that, as proposed, the primary care add-on code was significantly undervalued, particularly in comparison to the add-on code for visit complexity associated with specialty care. Commenters were critical of the approach CMS used to value the proposed primary care add-on code. A few commenters suggested that CMS should equalize the values between the two add-on codes.

The AAFP did not support the add-on code, and instead suggested that CMS provide a 15 percent increase in payment to physicians who list their primary practice designation as family medicine, internal medicine, pediatrics, or geriatrics.

Response: The proposed valuation for the primary care complexity add-on code was based on the application of family budget neutrality to the proposed changes in other codes and payment policies—most notably applying an MPPR to E/M office/outpatient visit codes furnished in the same day as a procedure. While we continue to believe that budget neutrality within the code family can be an appropriate approach to assess relative resources under the PFS, we appreciate and agree with commenters' concerns regarding the asymmetry between the proposed values for the add-on codes for non-procedural specialty care complexity and primary care complexity. We also note that we are not finalizing the proposed multiple procedure payment adjustment for these E/M office/outpatient visit codes.

Comment: Many commenters did not support separate payment for an add-on code to account for the resource costs for the inherent complexity associated with furnishing non-procedural specialty visits. Commenters assumed that billing the visit complexity add-on code was limited to the specialties included in the code descriptor, constituting specialty-specific payment prohibited by statute. Commenters also stated that CMS was unclear about the rationale for which specialties were included in the code descriptor, and that the explanation provided was ambiguous and not clinically derived. Several commenters expressed concern that CMS did not include the work of a number of specialties that routinely furnish non-procedural specialist care and that primarily report that care through the office/outpatient E/M code set. Many commenters representing these specialties requested that CMS include them in the code descriptor. These include: Nephrology, infectious disease, gastroenterology, psychiatry, ophthalmology, pediatric ophthalmology, orthopedic surgery, sports medicine, neuro-ophthalmology, hepatology, interventional radiology, pulmonology, dermatology, medical oncology, Hematopoietic Cell Transplantation and Cellular Therapy (HCTCT), hospice, and palliative medicine. Some commenters also noted

that nurse practitioners are frequently specialized and recommended that they be eligible to bill for the specialty complexity add-on. A few commenters stated that Medicare enrollment specialty was a poor proxy for patient complexity, and that instead, CMS should rely on the patient's diagnosis. Several commenters did not agree with the proposed values for the add-on code, but none provided alternatives for CMS to consider.

Many commenters were also concerned about the documentation requirements that would be associated with the new coding, stating that CMS was replacing the burden of documenting the level of E/M visit with the burden of documenting proper use of the visit complexity add-ons. A few commenters did support the add-on codes in concept as a useful way of adjusting payment for different types of visits, although several commenters pointed out that the add-on codes were not valued sufficiently to overcome any reduction in payment due to the proposed single payment rate for visit levels. Commenters requested that CMS clarify whether the add-on codes could be billed concurrently for the same visit.

Response: We are appreciative of the concerns commenters shared regarding the potential risks of ambiguity in knowing when the code, as proposed, would be appropriately reported, and how the documentation would need to justify its appropriateness. The proposal to use an add-on code to account for the inherent complexity associated with non-procedural specialty care visits was intended to account for appropriate resource variation between non-procedural specialty care and other kinds of visits without imposing additional documentation to justify its being reported for each and every visit with a beneficiary. We noted that this proposal was in keeping with our longstanding assessment that there are certain complexities inherent in furnishing some kinds of E/M visits that the visit levels do not fully recognize. We also believed that in almost all cases where physicians and other professionals are furnishing specialty care that is centered around separately reportable office/outpatient visit codes (as opposed to procedural codes with global periods, for example), information already in the medical record or in the claims history for that practitioner, such as physician specialty, diagnosis codes, and/or other service codes billed (chemotherapy administration) would serve as sufficient documentation that the furnished visit met the description of non-procedural specialty care. For example, we would expect that most practitioners enrolled in the specialties used as descriptive examples in the proposed descriptor would report the complexity add-on with every office/outpatient E/M visit. The visits themselves would still need to be medically reasonable and necessary in order for the practitioner to report the service, and the documentation would need to illustrate medical necessity of the visit, but we believe the appropriateness of routinely using the add-on to the visit would not necessitate additional documentation for each and every visit.

A clinical scenario for the use of this proposed add-on code would be a 72-year-old female with colon cancer who sees her oncologist to discuss her treatment plan, including surgical and chemotherapeutic options. Since this E/M visit focuses on oncologic care, the physician would report the specialty care add-on in addition to the appropriate E/M visit code. It would not be unexpected for this physician to be reporting the non-procedural specialty care complexity add-on code for almost all E/M visits, provided they are providing oncologic care during those visits. We would expect that the claims record would include the billing physician's specialty. The medical record would also include the diagnoses for the patient and clinician's assessment and plan for that visit. This information would serve as sufficient documentation that the furnished visit met the description of non-procedural specialty care complexity and so there would be no need to provide additional documentation.

We also agree with commenters that the code descriptor omitted several specialties that provide this type of visit, such as nephrology, psychiatry, pulmonology, infectious disease, and hospice and palliative care medicine. We also believe that there are circumstances where specialties not included in the code descriptor would appropriately bill this add-on code for inherent visit complexity. As discussed previously, appropriate reporting of the specialty care resource add-on code should be apparent based on the nature of the clinical issues addressed at the E/M visit, and not limited by the practitioner's specialty.

In cases where appropriate reporting of the add-on code is not as apparent, we understand that some degree of visit-specific documentation might be necessary for purposes of demonstrating that the add-on code was reported appropriately. For example, a physician enrolled in Medicare as a pathologist may serve a broader role in a rural community, including furnishing primary care. In this instance, we expect that there would be documentation in the medical record to illustrate that it was appropriate for this physician to bill using the primary care complexity add-on. However, we do not believe that such scenarios would represent the majority of instances of appropriate use of the code. Additionally, we note that information usually included in medical documentation, combined with diagnosis coding, would likely suffice for purposes of documentation.

After consideration of the comments, we are finalizing for 2021 the proposal to introduce add-on codes that would adjust payment for new and established E/M office/outpatient visits to account for inherent complexity in primary care and non-procedural specialty care. We are finalizing the code descriptor for the add-on code for inherent complexity of E/M furnished primary care (HCPCS code GPC1X) as described in Table 22. We are also finalizing the code descriptor for the add-on code for inherent complexity of E/M furnished with non-procedural specialty care (HCPCS code GCG0X) in Table 22, and we note that we have included refinements to refer to additional kinds of non-procedural specialty care as suggested by commenters and clarifying that it could be reported for both new and established patients. We note that we are not including in the descriptor references to specialty care that routinely involves significant procedural interventions, such as interventional radiology and dermatology, since we do not agree with commenters that these kinds of specialty care are routinely considered to be ''non-procedural specialist care.'' However, we note that when clinical circumstances support it, practitioners not enrolled among the specialties expressly listed within the code descriptor may bill the inherent visit complexity add-on codes. We are also finalizing as proposed the code descriptor for inherent complexity of E/M furnished with primary care (HCPCS code GPC1X) with the refinement of including that it could be reported for both new and established patients. The add-on codes to account for inherent complexity in primary care and non-procedural specialty care could only be reported with E/M office/outpatient levels 2 through 4 visits. We note that for this and the other HCPCS G-codes we are finalizing for CY 2021, we are retaining the placeholder HCPCS code numbers until they are replaced through our standard process.

TABLE 22—FINALIZED CODE DESCRIPTORS FOR VISIT COMPLEXITY ADD-ONS

HCPCS	Descriptor
GPC1X	Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established).
GCG0X	Visit complexity inherent to evaluation and management associated with non-procedural specialty care including endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonology (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established).

We again note that we are finalizing the add-on codes for primary care and non-procedural specialized care complexity adjustment, as well as other payment and coding changes to be implemented for E/M office/outpatient visits for CY 2021. We are specifying the later date, in great part, so that we have an opportunity to fully consider public comments and other important input from stakeholders on potential refinements in code and service definitions that can be used with ease, when appropriate, and by practitioners whom we currently believe are disproportionately burdened under the current coding and documentation requirements and, more generally, other important information involving coding and payment for E/M services.

After considering the public comments, we agree that the complexity associated with furnishing a primary care visit is equivalent to that associated with furnishing a non-procedural specialty care visit, and therefore, the two codes should be valued equally. We are finalizing, for 2021, the input values for these two codes as reflected in Table 23.

We note that these inputs reflect our proposed valuation of the non-procedural specialty complexity code, based on a modified crosswalk from CPT code 90785 as discussed in the CY 2019 PFS proposed rule (83 FR 35842).

TABLE 23—INPUTS FOR HCPCS CODES GCG0X AND GPC1X FINALIZED FOR 2021

HCPCS	Physician time	Work RVU	MP RVU
GCG0X	8.25	0.25	0.02
GPC1X	8.25	0.25	0.02

We also note that, while our policy will result in our inclusion of these input values in developing proposed rates for CY 2021, we also recognize that we routinely accept recommendations from the RUC and other stakeholders regarding appropriate valuation for PFS services, and would consider such recommendations regarding appropriate valuation for these services under our usual, annual process for receiving recommendations for PFS services.

In response to the commenters' concerns regarding the interactions between this code and the other codes that describe more complex E/M visits, we are clarifying that these add-on codes are intended to serve as a corollary to the single payment rate for E/M office/outpatient visit codes defined as levels 2 through 4 to provide for more appropriate recognition of the variations in resources involved in furnishing those services, and not to be used in association with E/M office/outpatient level 1 or level 5 visits.

While we believe that in most cases practitioners would only be reporting either the primary care complexity code or non-procedural specialty care complexity code, we believe there are some very rare circumstances where use of both codes might be appropriate. We return to our example of the cardiologist serving beneficiaries in a rural location who provides care for complex cardiac conditions as well as primary care in her clinical practice. Since the needs of the community prompt this physician to provide primary care services as well as specialty cardiology services, we would expect that she would report the primary care complexity add-on code and non-procedural specialty care complexity add-on code in addition to the appropriate E/M visit code when both primary care and non-procedural specialty care are furnished in connection with E/M visits.

(c) HCPCS G-Coded To Describe Podiatric E/M Visits

As described earlier, the vast majority of podiatric visits are reported using lower level E/M codes, with most E/M visits billed at a level 2 or 3, reflecting the type of work done by podiatrists as part of an E/M visit. Therefore, while the proposed consolidation of documentation and payment for E/M code levels 2 through 5 was intended to better reflect the universal elements of E/M visits across specialties and patients, we believed that podiatric E/M visits were not accurately represented by the consolidated E/M structure. In order for payment to reflect the resource costs of podiatric visits, we proposed to create two HCPCS G codes, HCPCS codes GPD0X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, new patient) and GPD1X (Podiatry services, medical examination and evaluation with initiation of diagnostic and treatment program, established patient), to describe podiatric E/M services. Under this proposal, podiatric E/M services would be billed using these G-codes instead of the generic office/outpatient E/M visit codes (CPT codes 99201 through 99205 and 99211 through 99215). We proposed to create these separate G-codes for podiatric E/M services to differentiate the resources associated with podiatric E/M visits rather than propose a negative add-on adjustment relative to the proposed single payment rates for the generic E/M levels 2 through 5 codes. Therefore, we proposed to create separate coding to describe these services, taking into account that most podiatric visits are billed as level 2 or 3 E/M codes. We based the coding structure and code descriptor on CPT codes 92004 (Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits) and 92012

(Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient), which describe visits specific to ophthalmology. To accurately reflect payment for the resource costs associated with podiatric E/M visits, we proposed a work RVU of 1.35, a physician time of 28.11 minutes, and direct PE inputs totaling $22.53 for HCPCS code GPD0X, and a work RVU of 0.85, physician time of 21.60 minutes, and direct PE inputs totaling $17.07 for HCPCS code GPD1X. These values were based on the average rate for the level 2 and 3 E/M codes (CPT codes 99201–99203 and CPT codes 99211–99212, respectively), weighted by podiatric volume.

Comment: Commenters opposed making separate payment for podiatric E/M visits using distinct coding. Commenters stated that, by creating separate coding and payment to describe these types of visits, CMS was singling out podiatrists and devaluing podiatric physicians' status among their peer physicians. Some commenters questioned the legality of our proposal since it would effectively pay physicians of different specialties different amounts for services that CPT considers to be the same. Furthermore, commenters stated that the proposed rates for podiatric E/M visits did not reflect the resource costs associated with providing podiatric care. Commenters also objected to the use of the ophthalmology visit codes as a precedent, stating that the significant practice expense associated with ophthalmologic visits was the impetus for separate coding for those services.

Response: Based on our consideration of the information presented by commenters, we are persuaded that there could be a perceived devaluation of the breadth and value of care associated with podiatric visits by use of separate coding for these visits. Given these potential negative consequences, we are not finalizing the proposal to adopt separate coding for podiatric E/M visits. However, as our discussion in the preceding sections reflects, we do not agree with the commenters that all office/outpatient visits furnished by physicians are only distinguishable by visit levels under the current CPT definitions. Instead, we believe that, like procedural services, visit services and their associated relative resource costs can vary greatly by the kind of care that is provided by particular physicians. We also believe that physician specialties can often reflect different approaches to medical care, and that the nomenclature used to describe and define various clinical specialties is useful for purposes of distinguishing among the types of services, including visits, furnished by physicians using these different approaches.

We also acknowledge that our proposal should have clearly articulated that we were not proposing to prohibit podiatrists from reporting the E/M office/outpatient visit codes under circumstances where those codes more accurately described visits with particular patients or, more broadly, visits generally furnished by particular podiatrists.

We also would like to note that our analysis of claims data indicates that the vast majority of podiatric visits are reported as level 2 and 3 visits. We believe that these claims data are an important piece of evidence regarding the relative resource costs of office/outpatient visits that are podiatric in nature. Therefore, we do not agree with the commenters that stated that our proposal did not reflect resource-based valuation, since we consider Medicare claims data to be one of the best sources of data regarding the resources involved in furnishing PFS services.

After considering the comments regarding this proposal, we are not finalizing our proposal to create separate coding for podiatric E/M services and establish payment rates for podiatric E/M visits based on historical billing patterns. We acknowledge the commenters' concerns that creating specific coding as we proposed could suggest a devaluation of services furnished by podiatrists. Therefore, we are not finalizing creation of specific coding and payment values for podiatric E/M visits. For CY 2021, podiatric E/M visits would be reported and paid using the E/M coding and payment structure applicable to other E/M office/outpatient visits.

(d) Adjustment to the PE/HR Calculation

As we explain in section II.B. of this final rule, Determination of Practice Expense (PE) Relative Value Units (RVUs), we generally allocate indirect costs for each code on the basis of the direct costs specifically associated with a code and the greater of either the clinical labor costs or the work RVUs. Indirect expenses include administrative labor, office expense, and all other PEs that are not directly attributable to a particular service for a particular patient. Generally, the proportion of indirect PE allocated to a service is determined by calculating a PE/HR based upon the mix of specialties that bill for a service.

As described earlier, E/M visits comprise a significant portion of allowable charges under the PFS and are used broadly across specialties such that our proposed changes can greatly impact the change in payment at the specialty level and at the practitioner level. Our proposals sought to simplify payment for E/M visit levels 2 through 5, and to additionally take into consideration that there are inherent differences in primary care-focused E/M services and in more complex E/M services such that those visits involve greater relative resources, while seeking to maintain overall payment stability across specialties. However, establishing a single PFS rate for new and established patient E/M levels 2 through 5 would have a large and unintended effect on many specialties due to the way that indirect PE is allocated based on the mixture of specialties that furnish a service. The single payment rates proposed for E/M levels 2 through 5 could not reflect the indirect PE previously allocated differentially across those 8 codes. Historically, a broad blend of specialties and associated PE/HR has been used in the allocation of indirect PE and MP RVUs to E/M services to determine payment rates for these services. As this proposal would have significantly altered the PE/HR allocation for the office/outpatient E/M codes and any previous opportunities for the public to comment on the data would not have applied to these kinds of E/M services, we did not believe it was in the public interest to allow the allocation of indirect PE to have such an outsized impact on the payment rates for this proposal. Due to the magnitude of the proposed coding and payment changes for E/M visits, it was unclear how the distribution of specialties across E/M services would change. We were concerned that such changes could produce anomalous results for indirect PE allocations since we did not yet know the extent to which specialties would utilize the proposed simplified E/M codes and proposed G-codes. In the past, when utilization data are not available or do not accurately reflect the expected specialty mix of a new service, we have proposed to crosswalk the PE/HR value from another specialty (76 FR 73036). As such, we proposed to create a single PE/HR value for E/M visits (including all of the proposed HCPCS G-codes discussed above) of approximately $136, based on an average of the PE/HR across all specialties that bill these E/M codes, weighted by the volume of those specialties' allowed E/M services. We believed that this was consistent with

the methodology used to develop the inputs for the proposed simplified E/M payment for the levels 2 through 5 E/M visit codes, and that, for purposes of consistency, the new PE/HR should be applied across the additional E/M codes. We believed a new PE/HR value would more accurately reflect the mix of specialties billing both the generic E/M code set and the add-on codes. If we finalized this proposal, we would have considered revisiting the PE/HR after several years of claims data become available.

The following is a summary of the comments we received on this proposal.

Comment: Many commenters noted that the application of a single PE/HR value to E/M visit codes had significant, if unintended, consequences for the allocation of indirect PE across the PFS. Commenters also stated that CMS did not provide enough information as to how we arrived at the PE/HR value, which resulted in difficulty among external stakeholders in modeling the proposal.

Response: We appreciate commenters highlighting the broad ramifications of this proposal.

After consideration of these comments, we will not be finalizing a separate PE/HR for office/outpatient E/M visits.

(e) HCPCS G-Code for Extended Visit Services

Time is often an important determining factor in the level of care, which we consider in our proposal described earlier that physicians and other practitioners can use time as the basis for documenting and billing the appropriate level of E/M visit for purposes of Medicare payment. Currently there is inadequate coding to describe services where the primary resource of a service is physician time. CPT codes 99354 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)) and 99355 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)) describe additional time spent face-to-face with a patient and may be billed when the applicable amount of time exceeds the typical service time of the primary procedure.

Stakeholders have informed CMS that the ''first hour'' time threshold in the descriptor for CPT code 99354 is difficult to meet and is an impediment to billing these codes (81 FR 80228). In response to stakeholder feedback and as part of our proposal to implement a single payment rate for E/M visit levels 2 through 5 while maintaining payment accuracy across the specialties, we proposed to create a new HCPCS code GPRO1 (Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)). Given that the physician time of HCPCS code GPRO1 is half of the physician time assigned to CPT code 99354, we proposed a work RVU of 1.17, which is half the work RVU of CPT code 99354.

Comment: Many commenters, including the AMA, were supportive of the creation of this code in isolation from the rest of the E/M coding and payment proposals. Other commenters stated that the code was unnecessary, that current coding was sufficient to account for additional time spent with patients, and that it was unrealistic to expect that most physicians would be able to meet the time threshold in enough volume to offset the negative impacts of the single payment rate for E/M office/outpatient new and established patient visit levels 2 through 5. Some commenters suggested more documentation would be necessary to bill this new code. Many commenters also stated that referring to this code as ''prolonged services'' was inconsistent with coding conventions and CPT definitions, as the CPT Editorial Panel defined prolonged services as an unusual amount of time spent beyond the typical time and these commenters understood from the proposal that the code was intended to be reported more frequently. Many commenters stated that it would be difficult to assess how the code might be used without more specific guidelines regarding how time would be counted, particularly with regard to how many minutes would be assumed to be associated with the companion visit code and whether or not we adopt the usual CPT coding convention for appropriate reporting of the time-based code when over half the number of minutes (16 in this case) have been spent. Several commenters suggested that 16 minutes beyond the time associated with the proposed single payment rate (31 minutes as described by many of these commenters) would mean that the code could only be reported after 47 minutes spent with an established patient. These commenters suggested that that threshold would likely result in the code being used rarely.

Response: We agree with commenters that current coding describing prolonged services is not sufficient to capture additional time spent with patients, especially in the context of creating a single payment rate for office/outpatient E/M levels 2 through 4. We believe that time is a critical resource cost for physicians and other practitioners, and the time spent with patients is a great benefit to Medicare beneficiaries. We also note that we are required by statute to consider time, along with intensity, in establishing the work relative value units that determine PFS payments. We are therefore finalizing for 2021 separate payment for HCPCS code GPRO1, and are finalizing the input values as proposed.

We appreciate commenters' concerns regarding the current definitions and use of ''prolonged'' as applying to unusually long visits. We believe that time spent with patients ought to vary based on the particular needs of the patient and that variations in time spent face-to-face with the patient can be critical in defining differences between the services being furnished. Consequently, we agree that for many practitioners, times that extend beyond what we, or the CPT Editorial Panel, consider to be typical under the current visit code descriptors and definitions, might, in actual practice, be routine. We also note that many services, such as psychotherapy, are currently defined and paid based on the duration of the service.

However, since commenters have suggested that the term ''prolonged'' has been established in coding convention as applying only to unusually long visits as opposed to use in describing routine variations in the amount of time spent during visits with patients, we believe using an alternative term, like ''extended visit'' may serve to underscore our expectation that the length of some visits might exceed the typical length, but would not be unusual for certain practices or patients.

We also note that, for audit purposes, we would expect the medical record to reflect that the billing practitioner actually spent the amount of time with the patient described by the code and that the visit itself, in its entirety, was medically necessary; but we would not

expect additional documentation to demonstrate that the difference in time between the visit code and the extended visit code was, in isolation of the visit, medically necessary.

For CY 2021, we are finalizing a coding and payment policy to account for the additional resources required when practitioners need to spend extended time with their patients during particular E/M office/outpatient level 2 through 4 visits, regardless of the kind of care the practitioner is furnishing or whether or not the medical complexity of the visit is the determining factor for the length of visit. After considering the comments, we believe that 30 additional minutes (which, in accordance with CPT coding conventions for timed codes, can be reported after 15 additional minutes is spent with the patient) is an appropriate interval of time after which to reflect the additional resource costs associated with patient visits that require more time than is typical for the visit. After considering the questions and concerns expressed by commenters about how the new add-on code would be used, and in particular, the number of minutes that would serve as the basis for counting time toward an extended visit (for example, whether we would look to the typical time for the companion E/M code level and use the CPT coding convention for time-based codes), we acknowledge that it would not be workable to use the same conventions as are used for the prolonged service codes.

Under the current conventions used in reporting the existing prolonged service codes, the prolonged codes are defined by a set number of additional minutes beyond time associated with individual companion visit codes. For example, the initial prolonged services code describes 60 minutes of prolonged time beyond the time associated with the individual companion visit code. The current level 5 existing patient code is described by CPT as typically requiring 40 minutes with the patient, so that when reporting 99215 with the prolonged service code, the time being described is a total of 100 minutes (40 minutes for the level 5 code and 60 minutes for the initial prolonged code). Under applicable coding conventions, the code is reportable, when at least half the number of described minutes for the prolonged code is spent. This means that the initial prolonged service code can be reported with a level 5 existing patient code after 70 minutes (40 minutes for the full time associated with the level 5 visit and 30 minutes for half the number of minutes described by the initial prolonged service code).

We recognize that to implement use of either new or even the existing prolonged services code in the context of using a single payment rate for codes of varying levels, we would need to be clear about what time should be used for the companion visit codes. Currently, practitioners rely on the CPT ''typical'' times to determine the time for the visit codes of varying levels. This means that the thresholds for visit time required before the prolonged services can be reported are higher when higher level visits are reported in comparison to lower level visits. Under current payment rates, this situation is offset to some degree by the higher overall payment in circumstances where the higher level visit code is reported.

Because we are finalizing a single payment rate for levels 2–4, however, use of the ''typical'' CPT times as the basis for reporting add-on codes that describe additional time would mean that lower level visits that take more time would be paid at higher rates than higher visit rates that take the same amount of time. We believe that because we are paying a single rate for these services (as each of the codes describe a single ''typical'' for purposes of payment), we should also use a single number of minutes for purposes of reporting time-based add-on codes: The weighted average of the ''typical'' times associated with each of the codes that comprise the single payment rate.

One approach to implementing this would be to revise our billing rules to instruct practitioners to use the weighted average of the ''typical'' times associated with each of the codes that comprise the single payment rate, instead of the ''typical'' CPT times associated with the individual billed codes. We could apply this definition broadly to specify use of the weighted average typical times for level 2–4 codes regardless of whether or not they are being reported with time-based add-on codes, but we do not want to prevent practitioners from appropriately reporting visits based on the time defined as typical under the CPT code descriptors for office/outpatient E/M visits, especially since we are adopting a policy to allow clinicians to use time as the basis for documentation and code selection. Alternatively, we could require practitioners to use the weighted average of the ''typical'' times associated with each of the codes that comprise the single payment rate only in cases where time-based add-on codes are also being reported. However, we believe using two separate rules, especially one that deviates from the typical times established for the different visit levels that will continue to be routinely reported by a wide range of practitioners, would be likely to cause confusion.

After consideration of these issues and considering the alternatives, we are finalizing a code descriptor for the extended visit code that describes a single range of minutes that applies to the overall duration of face-to-face time during the visit, without regard to which level 2, 3, or 4 E/M office/outpatient visit was reported. This range is 34 to 69 minutes, so that the add-on code for extended visits would be appropriately reported in any case where a medically necessary E/M office/outpatient visit, reported using levels 2 through 4, required between 34 and 69 minutes (for established patients) and between 38 and 89 minutes (for new patients) of face-to-face time with the billing practitioner. We calculated the lower end of the range by summing the weighted average of intraservice times for the component codes that make up the single payment rate for level 2 through 4 visits (23 minutes for new and 19 minutes for established) and the additional amount of time required to bill the proposed add-on code (15 minutes under coding convention for prolonged services). The upper range of the use of the extended visit code is 69 minutes for established patients and 89 minutes for new patients.

We note that to report the current prolonged codes or the new extended services code, practitioners need to note that the requisite number of minutes were spent with the patient. We also note that we are finalizing the policy to allow practitioners the choice to use time as the basis for code selection for level 2 through 5 all office/outpatient E/M codes beginning in 2021 regardless of whether or not counseling and/or coordination of care accounts for more than 50 percent of the face-to-face physician/patient encounter. Under the new policy, then, any visits that exceed the length of the time ranges of the level 2 through 4 visit codes plus the extended visit code, could be reported using the level 5 visit code and the existing prolonged services code. Table 24A illustrates these rules:

TABLE 24A—MINUTES SPENT ON EXTENDED OUTPATIENT VISITS

[Established and new patients]

Established patient			New patient		
Level	Minutes spent	Codes reported	Level	Minutes spent	Codes reported
1	N/A		1	N/A	
2 ..... 3 ..... 4	34–69	99212/3/4+extended services G-code	2 ..... 3 ..... 4	38–89	99203/4/5+extended services G-code.
5	70+	99215+99354	5	90+	99205+99354.

The new extended services code will be described as GPRO1 (Extended time for evaluation and management service(s) in the office or other outpatient setting, when the visit requires direct patient contact of 34–69 total face-to-face minutes overall for an existing patient or 38–89 minutes for a new patient (List separately in addition to code for level 2 through 4 office or other outpatient Evaluation and Management service)). We again note that we are finalizing payment and coding changes to be implemented for E/M office/outpatient visits for CY 2021. We will consider any changes that are made to CPT coding, including for prolonged services, and recommendations regarding appropriate valuation of new or revised codes, through our annual rulemaking process.

In order to estimate the potential impact of the proposed changes in the proposed rule, we modeled the results of several options and examined the estimated resulting impacts in overall Medicare allowed charges by physician specialty. Because we are not finalizing many of the changes for CY 2019 as proposed, we believe the inclusion of those same discussions in this final rule is unnecessary and could potentially be confusing. We point readers to the CY 2019 PFS proposed rule, (83 FR 35844 through 35847) for discussion of the analyses relevant to the proposals. For analysis regarding the potential impacts of the alternatives considered in development of this final rule, we direct readers to the section VII. of this final rule, Regulatory Impact Analysis, in addition to the discussion that follows.

To compare the overall payment impact for the changes in payment for visit services between the current policy as of 2018 and the policies we are finalizing starting in 2021, we provide a narrative example in the paragraph below and Table 24B. In CY 2018, a physician would bill a level 4 E/M visit and document using the existing documentation framework for a level 4 E/M visit. The payment rate would be approximately $109 in the office setting. In CY 2021, the physician would bill the same visit code for a level 4 E/M visit, with the option to document the visit according to the minimum documentation requirements for a level 2 E/M visit if they choose to document based on MDM, or the 1995 or 1997 guidelines, or to document on the basis of time. The physician might also bill either of the proposed add-on codes (HCPCS codes GPC1X or GCG0X) depending on the type of patient care furnished, and could bill the extended services code if she met the time threshold for this code. The combined payment rate for the E/M visit code, plus the extended services code, and either HCPCS code GPC1X or GCG0X would be approximately $170.

TABLE 24B: Comparison of 2018 and 2021 Estimated National Payment Amounts for Visits

	Complexity Level under CPT	Visit Code	Visit Code	Visit Code With Either Primary or specialized care add-on code*	Visit Code with New Extended Services Code
New Patient	Level 2	$76	$130	$143	$197
	Level 3	$110			
	Level 4	$167			
	Level 5	$211	$212		
Established Patient	Level 2	$45	$90	$103	$157
	Level 3	$74			
	Level 4	$109			
	Level 5	$148	$149		

*In cases where one could bill both the primary and specialized care add-on, there would be an additional $13.

exclusive to a single Shared Savings Program ACO as a result of the changes to the voluntary alignment methodology. In the circumstance where a beneficiary aligns with a clinician billing under an ACO participant TIN that is participating in more than one Shared Savings Program ACO, we will determine where the beneficiary received the plurality of their primary care services under our claims-based assignment methodology under § 425.402(b). If the beneficiary did not receive the plurality of their primary care services from ACO professionals in either ACO, we will not assign the beneficiary to either of the ACOs. However, consistent with § 425.402(c)(2)(iv), we will honor the beneficiary's selection of a primary clinician and will not align the beneficiary to another ACO in which their primary clinician is not participating.

We did not receive any public comments on the proposal not to voluntarily align a beneficiary to the ACO in which their primary clinician participates when the beneficiary is also eligible for assignment to an entity participating in a model tested or expanded under section 1115A of the Act under which claims-based assignment is based solely on claims for services other than primary care services (for example, CEC).

After considering the comments received in response to the proposals to revise the voluntary alignment methodology, we are finalizing the policies as proposed. Specifically, we are finalizing the policy to assign a beneficiary to an ACO based upon their selection of any ACO professional, regardless of specialty, as their primary clinician. We are also finalizing our proposal to remove the requirement that a beneficiary must have received at least one primary care service from an ACO professional who is either a primary care physician or a physician with a specialty designation included in § 425.402(c) within the 12-month assignment window in order to be assigned to the ACO. Lastly, we are finalizing a policy not to voluntarily align a beneficiary to an ACO when the beneficiary is also eligible for assignment to an entity participating in a model tested or expanded under section 1115A of the Act under which claims-based assignment is based solely on claims for services other than primary care services. Accordingly, we are also finalizing the proposed revisions to § 425.402(e)(2) without modification.

c. Revisions to the Definition of Primary Care Services Used in Beneficiary Assignment

(1) Background

Section 1899(c)(1) of the Act, as amended by the 21st Century Cures Act and the Bipartisan Budget Act of 2018, provides that for performance years beginning on or after January 1, 2019, the Secretary shall assign beneficiaries to an ACO based on their utilization of primary care services provided by a physician and all services furnished by RHCs and FQHCs. However, the statute does not specify which kinds of services may be considered primary care services for purposes of beneficiary assignment. We established the initial list of services that we considered to be primary care services in the November 2011 final rule (76 FR 67853). In that final rule, we indicated that we intended to monitor this issue and would consider making changes to the definition of primary care services to add or delete codes used to identify primary care services, if there were sufficient evidence that revisions were warranted. We have updated the list of primary care service codes in subsequent rulemaking to reflect additions or modifications to the codes that have been recognized for payment under the Medicare PFS, as summarized in the CY 2018 PFS proposed rule (82 FR 34109 and 34110). Subsequently, in the CY 2018 PFS final rule, we revised the definition of primary care services to include three additional chronic care management service codes, 99487, 99489, and G0506, and four behavioral health integration service codes, G0502, G0503, G0504 and G0507 (82 FR 53212 and 53213). These additions are effective for purposes of performing beneficiary assignment under § 425.402 for performance year 2019 and subsequent performance years.

Accounting for these recent changes, we define primary care services in § 425.400(c) for purposes of assigning beneficiaries to ACOs under § 425.402 as the set of services identified by the following HCPCS/CPT codes:

CPT codes:

(1) 99201 through 99215 (codes for office or other outpatient visit for the evaluation and management of a patient).

(2) 99304 through 99318 (codes for professional services furnished in a Nursing Facility, excluding services furnished in a SNF which are reported on claims with place of service code 31).

(3) 99319 through 99340 (codes for patient domiciliary, rest home, or custodial care visit).

(4) 99341 through 99350 (codes for evaluation and management services furnished in a patients' home).

(5) 99487, 99489 and 99490 (codes for chronic care management).

(6) 99495 and 99496 (codes for transitional care management services).

HCPCS codes:

(1) G0402 (the code for the Welcome to Medicare visit).

(2) G0438 and G0439 (codes for the Annual Wellness Visits).

(3) G0463 (code for services furnished in electing teaching amendment hospitals).

(4) G0506 (code for chronic care management).

(5) G0502, G0503, G0504 and G0507 (codes for behavioral health integration).

As discussed in the CY 2018 PFS final rule (82 FR 53213), a commenter recommended that CMS consider including the advance care planning codes, CPT codes 99497 and 99498, in the definition of primary care services in future rulemaking. We indicated that we would consider whether CPT codes 99497 and 99498 or any additional existing HCPCS/CPT codes should be added to the definition of primary care services in future rulemaking for purposes of assignment of beneficiaries to ACOs under the Shared Savings Program. In addition, effective for CY 2018, the HCPCS codes for behavioral health integration G0502, G0503, G0504 and G0507 have been replaced by CPT codes 99492, 99493, 99494, 99484 (82 FR 53078).

CPT codes 99304 through 99318 are used for reporting evaluation and management (E&M) services furnished by physicians and other practitioners in a SNF (reported on claims with POS code 31) or a nursing facility (reported on claims with POS code 32). Based on stakeholder input, we finalized a policy in the CY 2016 PFS final rule (80 FR 71271 through 71272) effective for performance year 2017 and subsequent performance years, to exclude services identified by CPT codes 99304 through 99318 from the definition of primary care services for purposes of the beneficiary assignment methodology when the claim includes the POS code 31 modifier designating the services as having been furnished in a SNF. We established this policy to recognize that SNF patients are shorter stay patients who are generally receiving continued acute medical care and rehabilitative services. Although their care may be coordinated during their time in the SNF, they are then transitioned back into the community to the primary care professionals who are typically responsible for providing care to meet their true primary care needs. We

continue to believe that it is appropriate for SNF patients to be assigned to ACOs based on care received from primary care professionals in the community (including nursing facilities), who are typically responsible for providing care to meet the true primary care needs of these beneficiaries. As we discussed in the August 2019 proposed rule (83 FR 41897), ACOs serving special needs populations, including beneficiaries receiving long term care services, and other stakeholders have recently suggested that we consider an alternative method for determining operationally whether services identified by CPT codes 99304 through 99318 were furnished in a SNF. Instead of indirectly determining whether a beneficiary was a SNF patient when the services were furnished based on physician claims data, these stakeholders suggest we more directly determine whether a beneficiary was a SNF patient based on SNF facility claims data. These commenters recommended that CMS use contemporaneous SNF Medicare facility claims to determine whether a professional service identified by CPT codes 99304 through 99318 was furnished in a SNF, and therefore, should not be used for purposes of the beneficiary assignment methodology under § 425.402. Specifically, these commenters suggested that we determine whether services identified by CPT codes 99304 through 99318 were furnished in a SNF by determining whether the beneficiary also received SNF facility services on the same date of service.

In the August 2018 proposed rule (83 FR 41897 through 41899), we proposed to make changes to the definition of primary care services in § 425.400(c) to add new codes and to revise how we determine whether services identified by CPT codes 99304 through 99318 were furnished in a SNF.

(2) Proposed Revisions

Based on feedback from ACOs and our further review of the HCPCS and CPT codes currently recognized for payment under the PFS, we believe it would be appropriate to amend the definition of primary care services to include certain additional codes. Specifically, we proposed to revise the definition of primary care services in § 425.400(c) to include the following HCPCS and CPT codes: (1) Advance care planning service codes; CPT codes 99497 and 99498; (2) administration of health risk assessment service codes; CPT codes 96160 and 96161; (3) prolonged evaluation and management or psychotherapy service(s) beyond the typical service time of the primary procedure, CPT codes 99354 and 99355; (4) annual depression screening service code, HCPCS code G0444; (5) alcohol misuse screening service code, HCPCS code G0442; and (6) alcohol misuse counseling service code, HCPCS code G0443. In addition, in the CY 2019 PFS proposed rule (see 83 FR 35841 through 35844), CMS proposed to create three new HCPCS codes to reflect the additional resources involved in furnishing certain evaluation and management services: (1) GPC1X add-on code, for the visit complexity inherent to evaluation and management associated with certain primary care services, (2) GCG0X add-on code, for visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, or interventional pain management-centered care, and (3) GPRO1, an additional add-on code for prolonged evaluation and management or psychotherapy services beyond the typical service time of the primary procedure. As we explained in the August 2018 proposed rule (83 FR 41897), we believe it would be appropriate to include these codes in the definition of primary care services under the Shared Savings Program because these codes are used to bill for services that are similar to services that are already included in the list of primary care codes at § 425.400(c). We also expect that primary care physicians, nurse practitioners, physician assistants, and clinical nurse specialists frequently furnish these services as part of their overall management of a patient. As a result, we believe that including these codes would increase the accuracy of the assignment process by helping to ensure that beneficiaries are assigned to the ACO or other entity that is actually managing the beneficiary's care.

The following provides additional information about the HCPCS and CPT codes that we proposed to add to the definition of primary care services:

• *Advance care planning (CPT codes 99497 and 99498):* Effective January 1, 2016, CMS pays for voluntary advance care planning under the PFS (80 FR 70955 through 70959). See CMS, Medicare Learning Network, ''Advance Care Planning'' (ICN 909289, August 2016), available at *https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf*. Advance care planning enables Medicare beneficiaries to make important decisions that give them control over the type of care they receive and when they receive it. Medicare pays for advance care planning either as a separate Part B service when it is medically necessary or as an optional element of a beneficiary's Annual Wellness Visit. We believe it would be appropriate to include both Advance Care Planning codes 99497 and 99498 in the definition of primary care services under the Shared Savings Program because the services provided as part of advance care planning include counseling and other evaluation and management services similar to the services included in Annual Wellness Visits and other evaluation and management service codes that are already included in the list of primary care codes.

• *Administration of health risk assessment (CPT codes 96160 and 96161):* In the CY 2017 PFS final rule (81 FR 80330 through 80331), we added two new CPT codes, 96160 and 96161, to the PFS, effective for CY 2017, to be used for payment for the administration of health risk assessment. These codes are ''add-on codes'' that describe additional resource components of a broader service furnished to the patient that are not accounted for in the valuation of the base code. For example, if a health risk assessment service were administered during a physician office visit, then the physician would bill for both the appropriate office visit code and the appropriate health risk assessment code. We believe it would be appropriate to include CPT codes 96160 and 96161 in the definition of primary care services because these add-on codes frequently represent additional practice expenses related to office visits for evaluation and management services that are already included in the definition of primary care services.

• *Prolonged evaluation and management or psychotherapy service(s) beyond the typical service time of the primary procedure (CPT codes 99354 and 99355):* These two codes are also ''add-on codes'' that describe additional resource components of a broader service furnished in the office or other outpatient setting that are not accounted for in the valuation of the base codes. Code 99354 is listed on a claim to report the first hour of additional face-to-face time with a patient and code 99355 is listed separately for each additional 30 minutes of face-to-face time with a patient beyond the time reported under code 99354. Codes 99354 and 99355 would be billed separately in addition to the base office or other outpatient evaluation and management or

psychotherapy service. (See Medicare Claims Processing Manual Chapter 12, Sections 30.6.15.1 Prolonged Services With Direct Face-to-Face Patient Contact Service (Codes 99354–99357) available at *https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf*; also see CMS, MLN Matters, Prolonged Services (Codes 99354–99359) (Article Number MM5972, Revised March 7, 2017), available at *https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5972.pdf*.) Although we do not currently include prolonged services codes CPT codes 99354 and 99355 on our list of primary care services, based on further review we believe it would be appropriate to include them on our list of primary care services to more accurately assign beneficiaries to ACOs based on all the allowed charges for the primary care services furnished to beneficiaries. In the August 2018 proposed rule (83 FR 41898), we noted that the definitions of codes 99354 and 99355 also include prolonged services for certain psychotherapy services, which are not currently included on our list of primary care services. Therefore, we proposed to include the allowed charges for CPT codes 99354 and 99355, for purposes of assigning beneficiaries to ACOs, only when the base code is also on the list of primary care services.

• *Annual depression screening (HCPCS code G0444), alcohol misuse screening (HCPCS code G0442), and alcohol misuse counseling (HCPCS code G0443):* Effective October 14, 2011, all Medicare beneficiaries are eligible for annual depression screening and alcohol misuse screening. (See CMS Manual System, Screening for Depression in Adults (Transmittal 2359, November 23, 2011) available at *https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2359CP.pdf*; and see CMS, MLN Matters, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (Article Number MM7633, Revised June 4, 2012), available at *https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm7633.pdf*). Although these three codes have been in use since before the implementation of the Shared Savings Program in 2012, based on further review of these services, we believe that it would be appropriate to consider these services in beneficiary assignment. Annual depression screening may be covered if it is furnished in a primary care setting that has staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. Alcohol misuse screening and counseling are screening and behavioral counseling interventions in primary care to reduce alcohol misuse. All three of these codes include screening and counseling services similar to counseling and other evaluation and management services included in the codes already on the list of primary care codes.

In the CY 2019 PFS proposed rule (see 83 FR 35841 through 35844), we proposed to create three new HCPCS G-codes as part of a broader proposal to simplify the documentation requirements and to more accurately pay for services represented by CPT codes 99201 through 99215 (codes for office or other outpatient visit for the evaluation and management of a patient). All three of these codes are ''add-on codes'' that describe additional resource components of a broader service furnished to the patient that are not accounted for in the valuation of the base codes.

HCPCS code GPC1X is intended to capture the additional resource costs, beyond those involved in the base evaluation and management codes, of providing face-to-face primary care services for established patients. HCPCS code GPC1X would be billed in addition to the base evaluation and management code for an established patient when the visit includes primary care services. In contrast, new HCPCS code GCG0X is an add-on code intended to reflect the complexity inherent to evaluation and management services associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, and interventional pain management-centered care. As we stated in the August 2018 proposed rule (83 FR 41899), we believe it would be appropriate to include both proposed new HCPCS codes GCG0X and GPC1X in our definition of primary care services because they represent services that are currently included in CPT codes 99201 through 99215, which are already included in the list of primary care codes in § 425.400(c).

Finally, proposed new HCPCS code GPRO1 (prolonged evaluation and management or psychotherapy services beyond the typical service time of the primary procedure, in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes) is modeled on CPT code 99354, a prolonged services code discussed earlier in this section which we proposed to add to our list of primary care services. HCPCS code GPRO1 is intended to reflect prolonged evaluation and management or psychotherapy service(s) of 30 minutes duration beyond the typical service time of the primary or base service, whereas existing CPT code 99354 reflects prolonged services of 60 minutes duration. As is the case for code 99354, code GPRO1 would be billed separately in addition to the base office or other outpatient evaluation and management or psychotherapy service. We stated that we believe it would be appropriate to include proposed HCPCS code GPRO1 on our list of primary care services for the same reasons we proposed to add CPT code 99354 to our list of primary care services. Because the proposed definition of HCPCS code GPRO1 also includes prolonged services for certain psychotherapy services, which are not currently included on our list of primary care services, we proposed to include the allowed charges for HCPCS code GPRO1, for purposes of assigning beneficiaries to ACOs, only when the base code is also on the list of primary care services.

We proposed to include these codes in the definition of primary care services when performing beneficiary assignment under § 425.402, for performance years starting on January 1, 2019, and subsequent years. However, we noted that our proposal to include the three proposed new ''add-on codes'', GPC1X, GCG0X, and GPRO1, was contingent on CMS finalizing its proposal to create these new codes for use starting in 2019.

As discussed in section V.B.2.c.(1) of this final rule, ACOs and other commenters have expressed concerns regarding our current policy of identifying services billed under CPT codes 99304 through 99318 furnished in a SNF by using the POS modifier 31. We continue to believe it is appropriate to exclude from assignment services billed under CPT codes 99304 through 99318 when such services are furnished in a SNF. However, as we explained in the August 2018 proposed rule (83 FR 41899), we agree with commenters that it might increase the accuracy of beneficiary assignment for these vulnerable and generally high cost beneficiaries if we were to revise our method for determining whether services identified by CPT codes 99304 through 99318 were furnished in a SNF to focus on whether the beneficiary also received SNF facility services on the same day. We believe it would be feasible for us to directly and more precisely determine whether services identified by CPT codes 99304 through

99318 were furnished in a SNF by analyzing our facility claims data files rather than by using the POS modifier 31 in our professional claims data files. Operationally, we would exclude professional services claims billed under CPT codes 99304 through 99318 from use in the assignment methodology when there is a SNF facility claim in our claims files with dates of service that overlap with the date of service for the professional service. Therefore, we proposed to revise the regulation at § 425.400(c)(1)(iv)(A)(*2*), effective for performance years starting on January 1, 2019 and subsequent performance years, to remove the exclusion of claims including the POS code 31 and in its place to indicate more generally that we will exclude services billed under CPT codes 99304 through 99318 when such services are furnished in a SNF.

Under our current process, if CMS' HCPCS committee or the American Medical Association's CPT Editorial Panel modifies or replaces any of the codes that we designate as primary care service codes in § 425.400(c), we must revise the primary care service codes listed in § 425.400(c) as appropriate through further rulemaking before the revised codes can be used for purposes of assignment. As noted previously, effective for CY 2018, the HCPCS codes for behavioral health integration G0502, G0503, G0504 and G0507 have been replaced by CPT codes 99492, 99493, 99494 and 99484. Therefore, consistent with our current process, we proposed to revise the primary care service codes in § 425.400(c)(1)(iv) to replace HCPCS codes G0502, G0503, G0504 and G0507 with CPT codes 99492, 99493, 99494 and 99484 for performance years starting on January 1, 2019, and subsequent performance years.

We also noted that the regulations text at § 425.400(c)(1)(iv) includes brief descriptions for the HCPCS codes that we have designated as primary care service codes, but does not include such descriptions for the CPT codes that we have designated as primary care service codes. For consistency, we proposed a technical change to the regulations at § 425.400(c)(1)(iv)(A) to also include descriptions for the CPT codes. We also noted that one of the Chronic Care Management (CCM) codes, CPT code 99490, is inadvertently listed in the regulations text at § 425.400(c)(1)(iv)(A)(*6*) along with the codes for Transitional Care Management (TCM) services. We proposed a technical change to the regulations to move CPT code 99490 up to § 425.400(c)(1)(iv)(A)(*5*) with the other CCM codes.

We welcomed comments on the new codes we proposed to add to the definition of primary care services used for purposes of assigning beneficiaries to Shared Savings Program ACOs. In addition, we sought comment on our proposal to revise our method for excluding services identified by CPT codes 99304 through 99318 when furnished in a SNF. We also sought comment on the other proposed technical changes to § 425.400(c)(1)(iv). We also welcomed comments on any additional existing HCPCS/CPT codes that we should consider adding to the definition of primary care services in future rulemaking.

Comment: Some commenters supported the proposed changes to the definition of primary care services. One commenter suggested we include the Initial Preventive Physician Examination, or Welcome to Medicare Visit, as well as the annual wellness visit CPT codes in the definition.

Response: We appreciate the commenters' support for the proposed amendments to the definition of primary care services. We also note we currently include the Welcome to Medicare (G0402) and annual wellness visit (G0438 and G0439) CPT codes in the definition of primary care services under § 425.400(c).

Comment: Many commenters supported the proposal to modify § 425.400(c)(1)(iv)(A)(*2)* to remove the exclusion of claims including the POS code 31 and in its place indicate more generally that we will exclude services billed under CPT codes 99304 through 99318 from use in the assignment methodology when such services are furnished in a SNF, as determined based on whether there is a SNF facility claim with dates of service that overlap with the date of service for the professional service. One commenter supported this proposal because they noted it would better identify beneficiaries who have received short-term care and appropriately exclude them from assignment.

Response: We appreciate the commenters' support for the proposal to modify § 425.400(c)(1)(iv)(A)(*2)* to remove the exclusion of claims including the POS code 31 modifier and in its place to exclude services billed under CPT codes 99304 through 99318 when such services are furnished in a SNF. We are finalizing the policy as proposed.

Comment: Concerning the proposal to remove the exclusion of claims including the POS code 31, one commenter suggested we use a longer claims run-out period to account for the institutional billing practices for SNFs. This commenter also stated they would ''welcome transparency related to POS 31 and 32 claims-based attribution'' in the claim and claims line feed files we provide to participating ACOs under § 425.704.

Response: As we noted in the 2011 Shared Savings Program final rule (76 FR 67837), a 3-month claims run-out results in a completion percentage of approximately 98.5 percent for physician services and 98 percent for Part A services. Additionally, the claim and claim line feed files furnished to ACOs under § 425.704 contain Parts A and B claims data regarding beneficiaries who are either prospectively assigned to the ACO or who may be assigned to the ACO at the end of the performance year, depending on the assignment methodology under which the ACO participates. As long as the beneficiary has not declined to share their claims data, and the claim does not include protected health information related to substance use disorder treatment, ACOs receive both the claims for physician services and the facility level claims that would be used to determine whether a service billed under CPT codes 99304 through 99318 was furnished in a SNF.

Comment: A few commenters suggested we only include the newly proposed CPT/HCPCS codes under step 1 of the two-step assignment methodology. The commenters stated these codes should be used for ''assigning beneficiaries on the basis of care furnished specifically by primary care physicians and not all ACO professionals.''

Response: We disagree with these comments. We continue to believe our current assignment methodology generally provides an appropriate balance between maintaining a strong emphasis on primary care while ultimately allowing for assignment of beneficiaries on the basis of how they actually receive their primary care services (80 FR 32748). We also note that the list of specialty types included in step 1 and step 2 of the assignment methodology was informed by CMS medical officers knowledgeable about the services typically performed by physicians and non-physician practitioners (80 FR 32750) as well as comments received in response to the 2014 Shared Savings Program proposed rule.

Comment: One commenter suggested an alternative assignment methodology that the commenter believed would be similar to a methodology discussed in the CY 2019 PFS proposed rule which would distinguish between primary and secondary specialties for practitioners

billing under the same TIN as part of a multispecialty group. The commenter stated this approach would improve the accuracy of the assignment methodology by focusing on evaluation and management services furnished by primary care providers, rather than specialists. Alternatively, this commenter suggested an assignment methodology similar to methodologies used by state agencies. According to the commenter, this assignment methodology would allow for exclusions, attribution, and tie-breaking steps to support a valid beneficiary population.

Response: We encourage the commenter to review our assignment methodology under the Shared Savings Program regulations at 42 CFR part 425, subpart E. Our current assignment methodology emphasizes primary care services provided by primary care clinicians in step one, before considering primary care services furnished by certain specialists in step two. However, we will continue to monitor this issue to determine whether there have been any changes or refinements that would allow us to more precisely identify both primary and secondary practitioner specialties in Medicare claims data and whether those changes should be accounted for in the assignment methodology used in the Shared Savings Program. Any changes to our assignment methodology would be proposed through future rulemaking for the Shared Savings Program.

As discussed earlier in this final rule, the proposal to create three new HCPCS G-codes as part of a broader proposal to simplify the documentation requirements and to more accurately pay for the office or other outpatient evaluation and management services represented by CPT codes 99201 through 99215 is not being finalized. Therefore, the proposal to include HCPCS ''add-on codes'', GPC1X, GCG0X, and GPRO1 in the definition of ''primary care services'' will not be finalized at this time. We will revisit this proposal in future rulemaking and continue to monitor the annual rulemaking for the PFS to determine if we should propose any changes to the definition of primary care services for the Shared Savings Program to reflect proposed HCPCS/CPT coding changes.

We received no comments on the proposed technical changes to § 425.400(c)(1)(iv). After considering the comments received, we are finalizing our proposed revisions to the definition of primary care services, with the exception of the proposal to include the three add-on HCPCS codes GPC1X, GCG0X, and GPRO1. Specifically, we are revising the definition of primary care services in § 425.400(c) to add CPT codes 99497, 99498, 96160, 96161, 99354, and 99355, and HCPCS codes G0444, G0442, and G0443. Additionally, we are finalizing, as proposed, the revisions to our method for excluding services identified by CPT codes 99304 through 99318 when furnished in a SNF and the proposed technical changes to § 425.400(c)(1)(iv).

Consistent with the approach we have taken in the past when implementing changes to the assignment methodology, we will adjust ACOs' historical benchmarks for the performance year starting on January 1, 2019, to account for the changes to the assignment methodology that we are finalizing in this final rule.

d. Extreme and Uncontrollable Circumstances Policies for the Shared Savings Program

(1) Background

Following the 2017 California wildfires and Hurricanes Harvey, Irma, Maria, and Nate, stakeholders expressed concerns that the effects of these types of disasters on ACO participants, ACO providers/suppliers, and the assigned beneficiary population could undermine an ACO's ability to successfully meet the quality performance standards, and adversely affect financial performance, including, in the case of ACOs under performance-based risk, increasing shared losses. To address these concerns, we published an interim final rule with comment period titled Medicare Program; Medicare Shared Savings Program: Extreme and Uncontrollable Circumstances Policies for Performance Year 2017 (hereinafter referred to as the Shared Savings Program IFC) that appeared in the December 26, 2017 **Federal Register** (82 FR 60912). In the Shared Savings Program IFC, we established policies for addressing ACO quality performance scoring and the determination of the shared losses owed by ACOs participating under performance-based risk tracks for ACOs that were affected by extreme or uncontrollable circumstances during performance year 2017. The policies adopted in the Shared Savings Program IFC were effective for performance year 2017, including the applicable quality data reporting period for the performance year. We have considered the comments received on the Shared Savings Program IFC in developing the policies for 2018 and subsequent years.

The extreme and uncontrollable circumstances policies established in the Shared Savings Program for performance year 2017 align with the policies established under the Quality Payment Program for the 2017 MIPS performance period and subsequent MIPS performance periods (see CY 2018 Quality Payment Program final rule with comment, 82 FR 53780 through 53783 and Quality Payment Program IFC, 82 FR 53895 through 53900). In particular, in the Shared Savings Program IFC (82 FR 60914), we indicated that we would determine whether an ACO had been affected by an extreme and uncontrollable circumstance by determining whether 20 percent or more of the ACO's assigned beneficiaries resided in counties designated as an emergency declared area in performance year 2017 as determined under the Quality Payment Program or the ACO's legal entity was located in such an area. In the Quality Payment Program IFC (82 FR 53897), we explained that we anticipated that the types of events that could trigger the extreme and uncontrollable circumstances policies would be events designated a Federal Emergency Management Agency (FEMA) major disaster or a public health emergency declared by the Secretary, although we indicated that we would review each situation on a case-by-case basis.

Because ACOs may face extreme and uncontrollable circumstances in 2018 and subsequent years, we proposed to extend the policies adopted in the Shared Savings Program IFC for addressing ACO quality performance scoring and the determination of the shared losses owed for ACOs affected by extreme or uncontrollable circumstances to performance year 2018 and subsequent performance years. In addition, in the Shared Savings Program IFC, we indicated that we planned to observe the impact of the 2017 hurricanes and wildfires on ACOs' expenditures for their assigned beneficiaries during performance year 2017, and might revisit the need to make adjustments to the methodology for calculating the benchmark in future rulemaking. We considered this issue further in the August 2018 proposed rule (see 83 FR 41904 through 41906).

(2) Proposed Revisions

The financial and quality performance of ACOs located in areas subject to extreme and uncontrollable circumstances could be significantly and adversely affected. Disasters may have several possible effects on ACO quality and financial performance. For instance, displacement of beneficiaries may make it difficult for ACOs to access medical record data required for quality

upon the content of the service. The duration of the visit is an ancillary factor and does not control the level of the service to be billed unless more than 50 percent of the face-to-face time (for non-inpatient services) or more than 50 percent of the floor time (for inpatient services) is spent providing counseling or coordination of care as described in subsection C.'' Subsection C states that ''the physician may document time spent with the patient in conjunction with the medical decision-making involved and a description of the coordination of care or counseling provided. Documentation must be in sufficient detail to support the claim.'' The example included in subsection C further states, ''The code selection is based on the total time of the face-to-face encounter or floor time, not just the counseling time. The medical record must be documented in sufficient detail to justify the selection of the specific code if time is the basis for selection of the code.''

Both the 1995 and 1997 Guidelines address time, stating that, ''In the case where counseling and/or coordination of care dominates (more than 50 percent of) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services.'' The Guidelines go on to state that, ''If the physician elects to report the level of service based on counseling and/or coordination of care, the total length of time of the encounter (face-to-face or floor time, as appropriate) should be documented and the record should describe the counseling and/or activities to coordinate care.'' [84] Additional manual provisions regarding E/M visits are housed separately within Medicare's internet-Only Manuals, and are not contained within the 1995 or 1997 Guidelines.

In accordance with section 1862(a)(1)(A) of the Act, which requires services paid under Medicare Part B to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, medical necessity is a prerequisite to Medicare payment for E/M visits. Pub. 100–04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.1.B states, ''Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.''

c. Summary of Changes to Coding, Payment and Documentation of Office/Outpatient E/M Visits Finalized for CY 2021 in the CY 2019 PFS Final Rule

In the CY 2019 PFS final rule (83 FR 59452 through 60303), we finalized a number of coding, payment, and documentation changes under the PFS for office/outpatient E/M visits (CPT codes 99201–99215) to reduce administrative burden, improve payment accuracy, and update this code set to better reflect the current practice of medicine. In summary, we finalized the following policy changes for office/outpatient E/M visits under the PFS effective January 1, 2021:

- Reduction in the payment variation for office/outpatient E/M visit levels by paying a single rate (also referred to as a blended rate) for office/outpatient E/M visit levels 2 through 4 (one rate for established patients and another rate for new patients), while maintaining the payment rate for office/outpatient E/M visit level 5 in order to better account for the care and needs of complex patients. Practitioners will still report the appropriate code for the level of service they furnished, since we did not replace these CPT codes with HCPCS G codes and will continue to use typical times associated with each individual CPT code when time is used to document the office/outpatient E/M visit.
- Permitting practitioners to choose to document office/outpatient E/M level 2 through 5 visits using MDM or time, or the current framework based on the 1995 or 1997 Guidelines.
- As a corollary to the uniform payment rate for level 2–4 E/M visits, when using MDM or the current framework to document the office/outpatient E/M visit, a minimum supporting documentation standard associated with level 2 office/outpatient E/M visits will apply. For these cases, Medicare will require information to support a level 2 office/outpatient E/M visit code for history, exam, and/or MDM.
- When time is used to document, practitioners will document the medical necessity of the office/outpatient E/M visit and that the billing practitioner personally spent the required amount of time face-to-face with the beneficiary. The required face-to-face time will be the typical time for the reported code, except for extended or prolonged visits where extended or prolonged times will apply.
- Implementation of HCPCS add-on G codes that describe the additional resources inherent in visits for primary care and particular kinds of non-procedural specialized medical care (HCPCS codes GPC1X and GCG0X, respectively). These codes were finalized in order to reflect the differential resource costs associated with performing certain types of office/outpatient E/M visits. These codes will only be reportable with office/outpatient E/M level 2 through 4 visits.
- Adoption of a new ''extended visit'' add-on G code (HCPCS code GPRO1) for use only with office/outpatient E/M level 2 through 4 visits, to account for the additional resources required when practitioners need to spend extended time with the patient for these visits. The existing prolonged E/M codes can continue to be used with levels 1 and 5 office/outpatient E/M visits.

We stated that we believed these policies would allow practitioners greater flexibility to exercise clinical judgment in documentation so they can focus on what is clinically relevant and medically necessary for the beneficiary. We believed these policies will reduce a substantial amount of administrative burden (83 FR 60068 through 60070) and result in limited specialty-level redistributive impacts (83 FR 60060). We stated our intent to continue engaging in further discussions with the public over the next several years to potentially further refine our policies for 2021. We finalized the coding, payment, and documentation changes to reduce administrative burden, improve payment accuracy, and update the code set to better reflect the current practice of medicine.

2. Continued Stakeholder Feedback

In January and February 2019, we hosted a series of structured listening sessions on the forthcoming changes that CMS finalized for office/outpatient E/M visit coding, documentation and payment for CY 2021. These sessions provided an opportunity for CMS to gain further input and information from the wide range of affected stakeholders on these important policy changes. Our goal was to continue to listen and consider perspectives from individual practicing clinicians, specialty associations, beneficiaries and their advocates, and other interested stakeholders to prepare for implementation of the office/outpatient

[84] Page 16 of the 1995 E/M guidelines and page 48 of the 1997 guidelines.

E/M visit policies that we finalized for CY 2021.

In these listening sessions, although stakeholders supported our intention to reduce burdensome, clinically outdated documentation requirements, they noted that in response to the office/outpatient E/M visit policies CMS finalized for CY 2021, the AMA/CPT established the Joint AMA CPT Workgroup on E/M to develop an alternative solution. This workgroup developed an alternative approach, similar to the one we finalized, for office/outpatient E/M coding and documentation. That approach was approved by the CPT Editorial Panel in February 2019, with an effective date of January 1, 2021 and is available on the AMA's website at *https://www.ama-assn.org/cpt-evaluation-and-management.*

Effective January 1, 2021, the CPT Editorial Panel adopted revisions to the office/outpatient E/M code descriptors, and substantially revised both the CPT prefatory language and the CPT interpretive guidelines that instruct practitioners on how to bill these codes. The AMA has approved an accompanying set of interpretive guidelines governing and updating what determines different levels of MDM for office/outpatient E/M visits. Some of the changes made by the CPT Editorial Panel parallel our finalized policies for CY 2021, such as the choice of time or MDM in determination of code level. Other aspects differ, such as the number of code levels retained, presumably for purposes of differential payment; the times, and inclusion of all time spent on the day of the visit; and elimination of options such as the use of history and exam or time in combination with MDM, to select code level.

Many stakeholders have continued to express objections to our assignment of a single payment rate to level 2–4 office/outpatient E/M visits stating that this inappropriately incentivizes multiple, shorter visits and seeing less complex patients. Many stakeholders also stated that the purpose and use of the HCPCS add-on G codes that we established for primary care and non-procedural specialized medical care remain ambiguous, expressed concern that the codes are potentially contrary to current law prohibiting specialty-specific payment, and asserted that Medicare's coding approach is unlikely to be adopted by other payers.

In meetings with stakeholders since we issued the CY 2019 PFS final rule, some stakeholders suggested that only time should be used to select the service level because time is easy to audit, simple to document, and better accounts for patient complexity, in comparison to the CPT Editorial Panel revised MDM interpretive guidance. These stakeholders stated that the implementation of the CPT Editorial Panel revised MDM interpretive guidance will result in the likely increase in the selection of levels 4 and 5, relative to current typical coding patterns. They suggested that to more accurately distinguish varying levels of patient complexity, either the visit levels should be recalibrated so that levels 4 and 5 no longer represent the most often billed visit, or a sixth level should be added. In these meetings, some stakeholders also stated that the office/outpatient E/M codes fail to capture the full range of services provided by certain specialties, particularly primary care and other specialties that rely heavily on office/outpatient E/M services rather than procedures, systematically undervaluing primary care visits and visits furnished in the context of non-procedural specialty care, thereby creating payment disparities that have contributed to workforce shortages and beneficiary access challenges across a range of specialties. They reiterated that office/outpatient E/M visit codes have not been extensively examined since the creation of the PFS and recommended that CMS conduct an extensive research effort to revise and revalue office/outpatient E/M services through a major research initiative akin to that undertaken when the PFS was first established.

The AMA believes its approach will accomplish greater burden reduction, is more clinically intuitive and reflects the current practice of medicine, and is more likely to be adopted by all payers than the policies CMS finalized for CY 2021. The AMA has posted an estimate of the burden reduction associated with the policies approved at CPT on the AMA's website, available at *https://www.ama-assn.org/cpt-evaluation-and-management.*

Given the CPT coding changes that will take effect in 2021, the AMA RUC has conducted a resurvey and revaluation of the office/outpatient E/M visit codes, and provided us with its recommendations. We discuss our proposal to adopt the CPT coding for office/outpatient E/M visits below, noting that the CPT coding changes will also necessitate some changes to CMS' policies for CY 2021, due to forthcoming changes in code descriptors. In addition, we address revaluation of the codes, proposing new values for the codes as revised by CPT. We propose to assign separate payment rather than a blended rate, to each of the office/outpatient E/M visit codes (except CPT code 99201, which CPT is deleting) and the new prolonged visit add-on CPT code (CPT code 99XXX). We propose to delete the HCPCS add-on code we finalized last year for CY 2021 for extended visits (GPRO1). We propose to simplify, consolidate and revalue the HCPCS add-on codes we finalized last year for CY 2021 for primary care (GPC1X) and non-procedural specialized medical care (GCG0X), and to allow the new code to be reported with all office/outpatient E/M visit levels (not just levels 2 through 4). All of these changes would be effective January 1, 2021. We believe our proposed policies will further our ongoing effort to reduce administrative burden, improve payment accuracy, and update the office/outpatient EM visit code set to better reflect the current practice of medicine.

3. Proposed Policies for CY 2021 for Office/Outpatient E/M Visits

a. Office/Outpatient E/M Visit Coding and Documentation

For CY 2021, for office/outpatient E/M visits (CPT codes 99201–99215) we are proposing to adopt the new coding, prefatory language, and interpretive guidance framework that has been issued by the AMA/CPT (*see https://www.ama-assn.org/cpt-evaluation-and-management*) because we believe it would accomplish greater burden reduction than the policies we finalized for CY 2021 and would be more intuitive and consistent with the current practice of medicine. We note that this includes deletion of CPT code 99201 (Level 1 office/outpatient visit, new patient), which the CPT Editorial Panel decided to eliminate as CPT codes 99201 and 99202 are both straightforward MDM and only differentiated by history and exam elements.

Under this new framework, history and exam would no longer select the level of code selection for office/outpatient E/M visits. Instead, an office/outpatient E/M visit would include a medically appropriate history and exam, when performed. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam would no longer apply, and these components would only be performed when, and to the extent medically necessary and clinically appropriate. Level 1 visits would only describe or include visits performed by clinical staff for established patients.

For levels 2 through 5 office/outpatient E/M visits, the code level reported would be decided based on

either the level of MDM (as redefined in the new AMA/CPT guidance framework) or the total time personally spent by the reporting practitioner on the day of the visit (including face-to-face and non-face-to-face time). Because we would no longer assign a blended payment rate (discussed below), we would no longer adopt the minimum supporting documentation associated with level 2 office/outpatient E/M visits, which we finalized as a corollary to the uniform payment rate for level 2–4 office/outpatient E/M visits when using MDM or the current framework to document the office/outpatient E/M visit.

We would adopt the new time ranges within the CPT codes as revised by the CPT Editorial Panel. We interpret the revised CPT prefatory language and reporting instructions to mean that there would be a single add-on CPT code for prolonged office/outpatient E/M visits (CPT code 99XXX) that would only be reported when time is used for code level selection and the time for a level 5 office/outpatient visit (the floor of the level 5 time range) is exceeded by 15 minutes or more on the date of service. The long descriptor for CPT code 99XXX is *Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*. We demonstrate below how prolonged office/outpatient E/M visit time would be reported:

TABLE 26—TOTAL PROPOSED PRACTITIONER TIMES FOR OFFICE/OUTPATIENT E/M VISITS WHEN TIME IS USED TO SELECT VISIT LEVEL

Established patient office/outpatient E/M visit (total practitioner time, when time is used to select code level) (minutes)	CPT code
40–54	99215.
55–69	99215x1 and 99XXXx1.
70–84	99215x1 and 99XXXx2.
85 or more	99215x1 and 99XXXx3 or more for each additional 15 mintues.
New patient office/outpatient E/M visit (total practitioner time, when time is used to select code level) (minutes)	**CPT code**
60–74	99205.
75–89	99205x1 and 99XXXx1.
90–104	99205x1 and 99XXXx2.
105 or more	99205x1 and 99XXXx3 or more for each additional 15 minutes.

We are proposing to adopt our interpretation of the revised CPT prefatory language and reporting instructions, that CPT codes 99358–9 (Prolonged E/M without Direct Patient Contact) would no longer be reportable in association or ''conjunction'' with office/outpatient E/M visits. In other words, when using time to select office/outpatient E/M visit level, any additional time spent by the reporting practitioner on a prior or subsequent date of service (such as reviewing medical records or test results) could not count towards the required times for reporting CPT codes 99202–99215 or 99XXX, or be reportable using CPT codes 99358–9. This interpretation would be consistent with the way the office/outpatient E/M visit codes were resurveyed, where the AMA/RUC instructed practitioners to consider all time spent 3 days prior to, or 7 days after, the office/outpatient E/M visit (*see* below for a discussion of revaluation proposals). Moreover we note that CPT codes 99358–9 describe time spent beyond the ''usual'' time (CPT prefatory language), and it is not clear what would comprise ''usual'' time given the new time ranges for the office/outpatient E/M visit codes and new CPT code 99XXX (prolonged office/outpatient E/M visit). New CPT prefatory language specifies, ''For prolonged services on a date other than the date of a face-to-face encounter, including office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), see 99358, 99359 . . . Do not report 99XXX in conjunction with . . . 99358, 99359''. We do not believe CPT code 99211 should be included in this list of base codes since it will only include clinical staff time. Also given that CPT codes 99358, 99359 can be used to report practitioner time spent on any date (the date of the visit or any other day), the CPT reporting instruction ''see 99358, 99359'' seems circular. The new prefatory language seems unclear regarding whether CPT codes 99358, 99359 could be reported instead of, or in addition to, CPT code 99XXX, and whether the prolonged time would have to be spent on the visit date, within 3 days prior or 7 days after the visit date, or outside of this new 10-day window relevant for the base code. We are seeking public input on this proposal and whether it would be appropriate to interpret the CPT reporting instructions for CPT codes 99358–9 as proposed, as well as how this interpretation may impact valuation. We believe CPT codes 99358 and 99359 may need to be redefined, resurveyed and revalued. After internal review, we believe that when time is used to select visit level, having one add-on code (CPT code 99XXX) instead of multiple add-on codes for additional time may be administratively simpler and most consistent with our goal of documentation burden reduction.

HCPCS code GPRO1 (extended office/outpatient E/M time) would no longer be needed because the time described by this code would instead be described by a level 3, 4 or 5 office/outpatient E/M visit base code and, if applicable, the single new add-on CPT code for prolonged office/outpatient E/M visits (CPT code 99XXX). Therefore, we propose to delete HCPCS code GPRO1 for CY 2021. We propose to adopt the AMA/CPT prefatory language that lists qualifying activities that could be included when time is used to select the visit level. Alternatively, if MDM is used to choose the visit level, time would not be relevant to code selection.

b. Office/Outpatient E/M Visit Revaluation (CPT Codes 99201 Through 99215)

We have received valuation recommendations from the AMA RUC for the revised office/outpatient E/M codes (CPT codes 99201 through 99215) following completion of its survey and revaluation process for these codes. Although these codes do not take effect until CY 2021, we believe that it is appropriate to follow our usual process of addressing the valuation of the revised office/outpatient E/M codes through rulemaking after we receive the RUC recommendations. Additionally, establishing values for the new codes through rulemaking this year will allow more time for clinicians to make any necessary process and systems adjustments before they begin using the codes. In recent years, we have considered how best to update and revalue the office/outpatient E/M codes as they represent a significant proportion of PFS expenditures.

MedPAC has had longstanding concerns that office/outpatient E/M services are undervalued in the PFS, and in its March 2019 Report to Congress, further asserted that the office/outpatient E/M code set has become passively devalued as values of these codes have remained unchanged, while the coding and valuation for other types of services under the fee schedule have been updated to reflect changes in medical practice (*see* pages 120 through 121 at *http://www.medpac.gov/docs/default-source/reports/mar19_medpac_ch4_sec.pdf?sfvrsn=0*).

In April 2019, the RUC provided us the results of its review, and recommendations for work RVUs, practice expense inputs and physician time (number of minutes) for the revised office/outpatient E/M code set. Please note that these proposed changes in coding and values are for the revised office/outpatient E/M code set and a new 15-minute prolonged services code. That code set is effective beginning in CY 2021, and the proposed values would go into effect with those codes as of January 1, 2021.

We are proposing to adopt the RUC-recommended work RVUs for all of the office/outpatient E/M codes and the new prolonged services add-on code. Specifically, we are proposing a work RVU of 0.93 for CPT code 99202 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15–29 minutes of total time is spent on the date of the encounter*), a work RVU of 1.6 for CPT code 99203 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30–44 minutes of total time is spent on the date of the encounter*), a work RVU of 2.6 for CPT code 99204 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45–59 minutes of total time is spent on the date of the encounter*), a work RVU of 3.5 for CPT code 99205 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60–74 minutes of total time is spent on the date of the encounter. (For services 75 minutes or longer, see Prolonged Services 99XXX)*), a work RVU of 0.18 for CPT code 99211 (*Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal)*), a work RVU of 0.7 for CPT code 99212 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10–19 minutes of total time is spent on the date of the encounter*), a work RVU of 1.3 for CPT code 99213 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20–29 minutes of total time is spent on the date of the encounter),* a work RVU of 1.92 for CPT code 99214 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30–39 minutes of total time is spent on the date of the encounter*), a work RVU of 2.8 for CPT code 99215 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40–54 minutes of total time is spent on the date of the encounter. (For services 55 minutes or longer, see Prolonged Services 99XXX)*) and a work RVU of 0.61 for CPT code 99XXX (*Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*).

Regarding the RUC recommendations for practice expense inputs for these codes, we are proposing to remove equipment item ED021 (computer, desktop, with monitor), as we do not believe that this item would be allocated to the use of an individual patient for an individual service; rather, we believe this item is better characterized as part of indirect costs similar to office rent or administrative expenses.

The information we reviewed on the RUC valuation exercise was based on an extensive survey the RUC conducted of over 50 specialty societies. For purposes of valuation, survey respondents were asked to consider the total time spent on the day of the visit, as well as any pre- and post-service time occurring within a time frame of 3 days prior to the visit and 7 days after, respectively. This is different from the way codes are usually surveyed by the RUC for purposes of valuation, where pre-, intra-, and post-service time were surveyed, but not within a specific time frame. The RUC then separately averaged the survey results for pre-service, day of service, and post-service times, and the survey results for total time, with the result that, for some of the codes, the sum of the times associated with the three service periods does not match the RUC-recommended total time. The RUC's approach sometimes results in two conflicting sets of times: The component times as surveyed and the total time as surveyed. Although we are proposing to adopt the RUC-recommended times as explained below, we are seeking comment on how CMS should address the discrepancies in times, which have implications both for for valuation of individual codes and for PFS ratesetting in general, as the intra-service times and total times are used as references for valuing many other services under the PFS and that the programming used for PFS ratesetting requires that the

component times sum to the total time. Specifically, we request comment on which times should CMS use, and how we should resolve differences between the component and total times when they conflict. Table 27A illustrates the surveyed times for each service period and the surveyed total time. It also shows the actual total time if summed from the component times.

TABLE 27A—RUC-RECOMMENDED PRE-, INTRA-, POST-SERVICE TIMES, RUC-RECOMMENDED TOTAL TIMES FOR CPT CODES 99202–99215 AND ACTUAL TOTAL TIME

HCPCS	Pre-service time	Intra-service time	Immediate post-service time	Actual total time	RUC-recommended total time
99202	2	15	3	20	22
99203	5	25	5	35	40
99204	10	40	10	60	60
99205	14	59	15	88	85
99211	.....	5	2	7	7
99212	2	11	3	16	18
99213	5	20	5	30	30
99214	7	30	10	47	49
99215	10	45	15	70	70

Table 27B summarizes the current office/outpatient E/M services code set, and the new prolonged services code physician work RVUs and total time compared to what CMS finalized in CY 2019 for CY 2021, and the RUC-recommended work RVU and total time.

TABLE 27B—SIDE BY SIDE COMPARISON OF WORK RVUS AND PHYSICIAN TIME FOR THE OFFICE/OUTPATIENT E/M SERVICES CODE SET, AND THE NEW PROLONGED SERVICES CODE

[Current versus revised]

HCPCS code	Current total time (mins)	Current work RVU	CY 2021 total time (mins)	CY 2021 work RVU	RUC rec total time (mins)	RUC rec work RVU
99201	17	0.48	17	0.48	N/A	N/A
99202	22	0.93	22	1.76	22	0.93
99203	29	1.42	29	1.76	40	1.6
99204	45	2.43	45	1.76	60	2.6
99205	67	3.17	67	3.17	85	3.5
99211	7	0.18	7	0.18	7	0.18
99212	16	0.48	16	1.18	18	0.7
99213	23	0.97	23	1.18	30	1.3
99214	40	1.5	40	1.18	49	1.92
99215	55	2.11	55	2.11	70	2.8
99XXX	N/A	N/A	N/A	N/A	15	0.61

The RUC recommendations reflect a rigorous robust survey approach, including surveying over 50 specialty societies, demonstrate that office/outpatient E/M visits are generally more complex, for most clinicians. In the CY 2019 PFS final rule, we finalized for CY 2021 a significant reduction in the payment variation in office/outpatient E/M visit levels by paying a single blended rate for E/M office/outpatient visit levels 2 through 4 (one for established and another for new patients). We also maintained the separate payment rates for E/M office/outpatient level 5 visits in order to better account for the care and needs of particularly complex patients. We believed that the single blended payment rate for E/M office/outpatient visit levels 2–4 better accounted for the resources associated with the typical visit. After reviewing the RUC recommendations, in conjunction with the revised code descriptors and documentation guidelines for CPT codes 99202 through 99215, we believe codes and recommended values would more accurately account for the time and intensity of office/outpatient E/M visits than either the current codes and values or the values we finalized in the CY 2019 PFS final rule for CY 2021. Therefore, we are proposing to establish separate values for Levels 2–4 office/outpatient E/M visits for both new and established patients rather than continue with the blended rate. We are proposing to accept the RUC-recommended work and time values for the revised office/outpatient E/M codes without refinement for CY 2021. With regard to the RUC's recommendations for practice expense inputs, we are proposing to remove equipment item ED021 (computer, desktop, with monitor), as this item is included in the overhead costs. Note that these changes to codes and values would go into effect January 1, 2021.

c. Simplification, Consolidation and Revaluation of HCPCS Codes GCG0X and GPC1X

Although we believe that the RUC-recommended values for the revised office/outpatient E/M visit codes would more accurately reflect the resources involved in furnishing a typical office/outpatient E/M visit, we believe that the revalued office/outpatient E/M code set itself still does not appropriately reflect differences in resource costs between certain types of office/outpatient E/M visits. In the CY 2019 PFS proposed rule we articulated that, based on stakeholder comments, clinical examples, and our review of the literature on office/outpatient E/M

services, there are three types of office/outpatient E/M visits that differ from the typical office/outpatient E/M visit and are not appropriately reflected in the current office/outpatient E/M code set and valuation. These three types of office/outpatient E/M visits can be distinguished by the mode of care provided and, as a result, have different resource costs. The three types of office/outpatient E/M visits that differ from the typical office/outpatient E/M service are (1) separately identifiable office/outpatient E/M visits furnished in conjunction with a global procedure, (2) primary care office/outpatient E/M visits for continuous patient care, and (3) certain types of specialist office/outpatient E/M visits. We proposed, but did not finalize, the application of an MPPR to the first category of visits, to account for overlapping resource costs when office/outpatient E/M visits were furnished on the same day as a 0-day global procedure. To address the shortcomings in the E/M code set in appropriately describing and reflecting resource costs for the other two types of office/outpatient E/M visits, we proposed and finalized the two HCPCS G codes: HCPCS code GCG0X (*Visit complexity inherent to evaluation and management associated with non-procedural specialty care including endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonology (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established*) which describes the inherent complexity associated with certain types of specialist visits and GPC1X (*Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established*), which describes additional resources associated with primary care visits.

Although we finalized two separate codes, we valued both HCPCS codes GCG0X and GPC1X via a crosswalk to 75 percent of the work and time value of CPT code 90785 (*Interactive complexity (List separately in addition to the code for primary procedure*)). Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more work due to the complexity of the patient, and we believed that 75 percent of its work and time values accurately captured the additional resource costs of primary care office/outpatient visits and certain types of specialty office/outpatient visits when billed with the single, blended payment rate for office/outpatient E/M visit levels 2–4.

In the CY 2019 PFS final rule, we stated that, due to the variation among the types of visits performed by certain specialties, we did not believe that the broad office/outpatient E/M code set captured the resource costs associated with furnishing primary care and certain types of specialist visits (FR 83 59638). As we stated above, we believe that the revised office/outpatient E/M code set and RUC-recommended values more accurately reflect the resources associated with a typical visit. However, we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits.

As such, we believe that there is still a need for add-on coding because the revised office/outpatient E/M code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits. However, based on previous public comments and ongoing engagement with stakeholders, we understand the need for the add-on code(s) and descriptor(s) to be easy to understand and report when appropriate, including in terms of medical record documentation and billing. We also want to make it clear that the add-on coding is not intended to reflect any difference in payment based on the billing practitioner's specialty, but rather the recognition of different per-visit resource costs based on the kinds of care the practitioner provides, regardless of their specialty. Therefore, we are proposing to simplify the coding by consolidating the two add-on codes into a single add-on code and revising the single code descriptor to better describe the work associated with visits that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition.

We are proposing to revise the descriptor for HCPCS code GPC1X and delete HCPCS code GCG0X. The proposed descriptor for GPC1X appears in Table 28. We are seeking comment from the public and stakeholders regarding these proposed changes, particularly the proposed new code descriptor for GPC1X and whether or not more than one code, similar to the policy finalized last year, would be necessary or beneficial.

We have also reconsidered the appropriate valuation for this HCPCS add-on G-code in the context of the revised office/outpatient E/M service code set and proposed values. Upon further review and in light of the other proposed changes to the office/outpatient E/M service code set, we believe that valuing the add-on code at 75 percent of CPT code 90785 would understate the additional inherent intensity associated with furnishing primary care and certain types of specialty visits. As CPT code 90785 also describes additional work associated with certain psychotherapy or psychiatric services, we believe its work and time values are the most appropriate crosswalk for the revised HCPCS code GPC1X. Therefore, we are proposing to value HCPCS code GPC1X at 100 percent of the work and time values for CPT code 90785, and proposing a work RVU of 0.33 and a physician time of 11 minutes. We are also proposing that this HCPCS add-on G code could be billed as applicable with every level of office and outpatient E/M visit, and that we would revise the code descriptor to reflect that change. See Table 28 for the proposed changes to the code descriptor. We note that if the CPT Editorial Panel makes any further changes to the office and outpatient E/M codes and descriptors, or creates one or more CPT codes that duplicate this add-on code, or if the RUC and/or stakeholders or other public commenters recommend values for these or other related codes, we would consider them through subsequent rulemaking.

TABLE 28—PROPOSED REVALUATION OF HCPCS ADD-ON G CODE FINALIZED FOR CY 2021

HCPCS code	Proposed code descriptor revisions	FR 2019 total time (mins)	FR 2019 work RVU	Proposed total time (mins)	Proposed work RVU
GPC1X	*Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).*	8.25	0.25	11	0.33

d. Valuation of CPT Code 99xxx (Prolonged Office/Outpatient E/M)

The RUC also provided a recommendation for new CPT code 99XXX (*Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services*). The RUC recommended 15 minutes of physician time and a work RVU of 0.61. We are proposing to delete to the HCPCS add-on code we finalized last year for CY 2021 for extended visits (GPRO1) and adopt the new CPT code 99XXX. Further, as discussed above we are proposing to accept the RUC recommended values for CPT code 99XXX without refinement.

We are seeking comment on these proposals, as well as any additional information stakeholders can provide on the appropriate valuation for these services.

e. Implementation Timeframe

We propose that these policy changes for office/outpatient E/M visits would be effective for services furnished starting January 1, 2021. We believe this would allow sufficient time for practitioner and provider education and further feedback; changes in clinical workflows, EHRs and any other impacted systems; and corresponding changes that may be made by other payers. In summary, we propose to adopt the following policies for office/outpatient E/M visits effective January 1, 2021:

- Separate payment for the five levels of office/outpatient E/M visit CPT codes, as revised by the CPT Editorial Panel effective January 1, 2021 and resurveyed by the AMA RUC, with minor refinement. This would include deletion of CPT code 99201 (Level 1 new patient office/outpatient E/M visit) and adoption of the revised CPT code descriptors for CPT codes 99202–99215;
- Elimination of the use of history and/or physical exam to select among code levels;
- Choice of time or medical decision making to decide the level of office/outpatient E/M visit (using the revised CPT interpretive guidelines for medical decision making);
- Payment for prolonged office/outpatient E/M visits using the revised CPT code for such services, including separate payment for new CPT code 99xxx and deletion of HCPCS code GPRO1 (extended office/outpatient E/M visit) that we previously finalized for 2021;
- Revise the descriptor for HCPCS code GPC1X and delete HCPCS code GCG0X; and
- Increase in value for HCPCS code GCG1X and allowing it to be reported with all office/outpatient E/M visit levels.

f. Global Surgical Packages

In addition to their recommendations regarding physician work, time, and practice expense for office/outpatient E/M visits, the AMA RUC also recommended adjusting the office/outpatient E/M visits for codes with a global period to reflect the changes made to the values for office/outpatient E/M visits. Procedures with a 10- and 90-day global period have post-operative visits included in their valuation. These post-operative visits are valued with reference to values for the E/M visits and each procedure has at least a half of an E/M visit included the global period. However, these visits are not directly included in the valuation. Rather, work RVUs for procedures with a global period are generally valued using magnitude estimation.

In the CY 2015 PFS final rule, we discussed the challenges of accurately accounting for the number of visits included in the valuation of 10- and 90-day global packages. (79 FR 67548, 67582.) We finalized a policy to change all global periods to 0-day global periods, and to allow separate payment for post-operative follow-up E/M visits. Our concerns were based on a number of key points including: The lack of sufficient data on the number of visits typically furnished during the global periods, questions about whether we will be able to adjust values on a regular basis to reflect changes in the practice of medicine and health care delivery, and concerns about how our global payment policies could affect the services that are actually furnished. In finalizing a policy to transform all 10- and 90-day global codes to 0-day global codes in CY 2017 and CY 2018, respectively, to improve the accuracy of valuation and payment for the various components of global packages, including pre- and post-operative visits and the procedure itself, we stated that we were adopting this policy because it is critical that PFS payment rates be based upon RVUs that reflect the relative resources involved in furnishing the services. We also stated our belief that transforming all 10- and 90-day global codes to 0-day global packages would:

- Increase the accuracy of PFS payment by setting payment rates for individual services that more closely reflect the typical resources used in furnishing the procedures;
- Avoid potentially duplicative or unwarranted payments when a beneficiary receives post-operative care from a different practitioner during the global period;
- Eliminate disparities between the payment for E/M services in global periods and those furnished individually;
- Maintain the same-day packaging of pre- and post-operative physicians' services in the 0-day global packages; and
- Facilitate the availability of more accurate data for new payment models and quality research.

Section 523(a) of MACRA added section 1848(c)(8)(A) of the Act, which

vast majority of patients receiving OUD treatment services at OTPs are receiving methadone.

For buprenorphine (oral), the Medicare Part D Prescription Drug Plan Finder data is very similar to NADAC pricing. Therefore we believe there would be minimal changes in the estimated impacts from using this alternative data source. Since WAC-based pricing is slightly higher than NADAC pricing, we note that using WAC-based pricing would increase the estimated impacts marginally.

We also considered several alternatives for the update factor used in updating the payment rates for the non-drug component of the bundled payment for OUD treatment services, including the Bureau of Labor Statistics Consumer Price Index for All Items for Urban Consumers (CPI–U) (Bureau of Labor Statistics #CUUR0000SA0 (*https://www.bls.gov/cpi/data.htm*)) and the IPPS hospital market basket reduced by the multifactor productivity adjustment. Based on a CMS forecast of projected rates, we believe that the projected MEI and CPI–U rates are anticipated to be similar, and thus using the CPI–U as an update factor would have minimal effect on estimated impacts. Since the projected IPPS hospital market basket rate is generally higher than the projected MEI rate, using the IPPS hospital market basket rate would result in higher estimated impacts.

2. Alternatives Considered Related to Payment for E/M Services

In developing our proposed policies for office/outpatient E/M visits effective January 1, 2021, we considered a number of alternatives. For reasons discussed in section II.P. of this proposed rule, we did not include either the extended office/outpatient E/M HCPCS code GPR01 or the single blended payment rates for combined visit levels 2 through 4 that were finalized in the CY 2019 final rule for CY 2021 in our considerations. Our alternatives also did not include the revaluation of global surgical services, as recommended by the AMA RUC, which incorporated the revised office/outpatient E/M code values. We note that in all of the alternatives we considered, the valuation for all codes in the office/outpatient E/M code set would increase. Therefore, all specialties for whom the office/outpatient codes represent a significant portion of their billing would also see payment increases while those specialties who do not report those codes would see overall payment decreases. Any variation in the magnitude of the increases or decreases are a result of a specialties overall billing patterns.

We did, however, consider proposing to eliminate both add-on codes, HCPCS code GCG0X and HCPCS code GPC1X, that were finalized in the CY 2019 final rule for CY 2021. Our stated rationale in the CY 2019 final rule for developing HCPCS code GPC1X (83 FR 59625 through 59653) was to more accurately account for the type and intensity of E/M work performed in primary care-focused visits beyond the typical resources reflected in the single payment rate for the levels 2 through 4 visits. The reason for finalizing HCPCS code GCG0X, as stated in the CY 2019 FR (83 FR 59625 through 59653) GCG0X was to reflect additional resource costs for inherently complex services that are non-procedural. We considered whether these two add-on codes would still be necessary in the context of the revised descriptors and valuations for office/outpatient E/M services. We considered an alternative, therefore, in which we adopted the RUC's recommended values but excluded the two HCPCS add-on G-codes. In reviewing the results of this policy option, we observed that our concerns about capturing the work associated with visits that are part of ongoing, comprehensive primary care and/or care management for patients having a single, serious, or complex chronic condition were still present. The specialty level impacts associated with this alternative are displayed in Table 115. The specialties that benefited most from this alternative, such as Endocrinology and Rheumatology, are those that primarily bill levels 3–5 established patient office/outpatient E/M visits, as those visit levels had the greatest increases in valuation among the overall office/outpatient E/M code set.

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TABLE 115: Estimated Specialty Specific Impacts of Accepting the RUC Recommended Values but Deleting Both HCPCS G codes GCG0X and GPC1X if Implemented in CY 2020

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$236	3%	3%	0%	6%
Anesthesiology	$1,993	-3%	-1%	0%	-4%
Audiologist	$70	-3%	-1%	0%	-4%
Cardiac Surgery	$279	-4%	-1%	-1%	-5%
Cardiology	$6,595	1%	1%	0%	1%
Chiropractor	$750	-4%	-2%	-1%	-7%
Clinical Psychologist	$787	-4%	0%	0%	-4%
Clinical Social Worker	$781	-4%	1%	0%	-4%
Colon And Rectal Surgery	$162	-1%	0%	0%	-1%
Critical Care	$346	-3%	-1%	0%	-3%
Dermatology	$3,541	1%	2%	-1%	2%
Diagnostic Testing Facility	$697	0%	-3%	0%	-3%
Emergency Medicine	$3,021	-3%	-1%	1%	-4%
Endocrinology	$488	7%	3%	1%	10%
Family Practice	$6,019	5%	2%	0%	7%
Gastroenterology	$1,713	0%	0%	-1%	-1%
General Practice	$405	3%	1%	0%	5%
General Surgery	$2,031	-1%	0%	0%	-2%
Geriatrics	$187	1%	1%	0%	2%
Hand Surgery	$226	0%	1%	0%	1%
Hematology/Oncology	$1,673	5%	2%	1%	8%
Independent Laboratory	$592	-2%	0%	0%	-2%
Infectious Disease	$640	-2%	-1%	0%	-3%
Internal Medicine	$10,507	1%	1%	0%	2%
Interventional Pain Mgmt	$885	2%	2%	0%	4%
Interventional Radiology	$432	-2%	-2%	0%	-4%
Multispecialty Clinic/Other Phys	$148	0%	0%	0%	0%
Nephrology	$2,164	-1%	0%	0%	-1%
Neurology	$1,503	1%	4%	0%	6%
Neurosurgery	$802	-2%	0%	-1%	-3%
Nuclear Medicine	$50	-2%	0%	0%	-2%
Nurse Anes / Anes Asst	$1,291	-5%	-1%	0%	-6%
Nurse Practitioner	$4,503	2%	1%	0%	4%
Obstetrics/Gynecology	$620	2%	2%	0%	4%
Ophthalmology	$5,398	-3%	-4%	0%	-7%
Optometry	$1,325	0%	-2%	0%	-2%
Oral/Maxillofacial Surgery	$71	0%	0%	-1%	-1%
Orthopedic Surgery	$3,734	0%	1%	0%	1%
Other	$34	-1%	-1%	0%	-2%
Otolarngology	$1,225	2%	1%	0%	3%
Pathology	$1,203	-3%	-2%	0%	-5%
Pediatrics	$62	2%	1%	0%	3%
Physical Medicine	$1,110	0%	0%	0%	0%
Physical/Occupational Therapy	$4,248	-3%	-2%	0%	-5%
Physician Assistant	$2,637	2%	1%	0%	4%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Plastic Surgery	$369	-1%	0%	-1%	-2%
Podiatry	$1,998	2%	2%	0%	4%
Portable X-Ray Supplier	$94	-1%	-1%	0%	-3%
Psychiatry	$1,120	2%	1%	0%	3%
Pulmonary Disease	$1,658	0%	0%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-1%	-1%	0%	-2%
Radiology	$4,971	-3%	-2%	0%	-5%
Rheumatology	$534	6%	3%	1%	9%
Thoracic Surgery	$352	-3%	-1%	0%	-5%
Urology	$1,739	2%	2%	0%	5%
Vascular Surgery	$1,203	-1%	-2%	0%	-3%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

We also considered, as an alternative, proposing CMS refinements to the RUC recommendations for two of the CPT codes. Consistent with our generally established policies for reviewing work RVUs recommended by the RUC, we observed that the increase in work RVU for CPT codes 99212 and 99214 (levels 2 and 4 for established patients) seemed disproportionate to the increase in total time for these services, particularly in comparison with the work to time relationships among the other seven E/M code revaluations. For CPT code 99212, we observed that the total time for furnishing this service increased by 2 minutes (13 percent increase), but that the recommended work RVU increased by nearly 50 percent from 0.48 to 0.70. We reviewed other CPT codes with similar times as the survey code and identified a potential crosswalk to CPT code 76536 (*Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation*), with a work RVU of 0.56. We therefore considered decreasing the work RVU for CPT code 99212 to 0.56. For CPT code 99214, the total time increased from 40 to 49 minutes, which is a 23 percent change, while the work RVU increased from 1.50 to 1.92 (28 percent increase). We considered a crosswalk to CPT code 73206 (*Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing*), with a work RVU of 1.81 and total time of 50 minutes. The refinements we considered for the RUC recommendations are shown in Table 116.

TABLE 116—CURRENT, RUC RECOMMENDED AND CMS REFINED OFFICE/OUTPATIENT E/M WORK RVUS

CPT/HCPCS	Current work RVU (current)	RUC-recommended work RVU	Alternative: CMS-refined work RVU
99201	0.48	NA	NA
99202	0.93	0.93	0.93
99203	1.42	1.6	1.6
99204	2.43	2.6	2.6
99205	3.17	3.5	3.5
99211	0.18	0.18	0.18
99212	0.48	0.7	0.56
99213	0.97	1.3	1.3
99214	1.5	1.92	1.81
99215	2.11	2.8	2.8
99XXX	NA	0.61	0.5
GPC1X	0.25	NA	0.33
GCG0X	0.25	NA	0.33

Table 117 illustrates the specialty level impacts of refining the RUC recommendations. Under this alternative those specialties who frequently bill CPT code 99212 or CPT code 99214, such as dermatology and family practice, respectively, experience more modest increases relative to other alternatives.

TABLE 117: Estimated Specialty Specific Impacts of CMS Refined Values if Implemented in CY 2020

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$236	3%	3%	0%	6%
Anesthesiology	$1,993	-3%	-1%	0%	-4%
Audiologist	$70	-2%	-1%	0%	-4%
Cardiac Surgery	$279	-3%	-1%	0%	-5%
Cardiology	$6,595	1%	1%	0%	1%
Chiropractor	$750	-3%	-2%	-1%	-6%
Clinical Psychologist	$787	-4%	0%	0%	-3%
Clinical Social Worker	$781	-4%	1%	0%	-3%
Colon And Rectal Surgery	$162	-1%	0%	0%	-1%
Critical Care	$346	-2%	-1%	0%	-3%
Dermatology	$3,541	1%	2%	-1%	2%
Diagnostic Testing Facility	$697	0%	-3%	0%	-3%
Emergency Medicine	$3,021	-3%	-1%	1%	-3%
Endocrinology	$488	5%	2%	1%	8%
Family Practice	$6,019	4%	2%	1%	6%
Gastroenterology	$1,713	0%	0%	-1%	-1%
General Practice	$405	3%	1%	0%	4%
General Surgery	$2,031	-1%	0%	0%	-2%
Geriatrics	$187	1%	1%	0%	2%
Hand Surgery	$226	0%	1%	0%	1%
Hematology/Oncology	$1,673	5%	2%	1%	8%
Independent Laboratory	$592	-2%	0%	0%	-2%
Infectious Disease	$640	-2%	0%	0%	-2%
Internal Medicine	$10,507	1%	1%	0%	2%
Interventional Pain Mgmt	$885	2%	2%	1%	4%
Interventional Radiology	$432	-1%	-2%	0%	-4%
Multispecialty Clinic/Other Phys	$148	0%	0%	0%	0%
Nephrology	$2,164	-1%	0%	0%	-1%
Neurology	$1,503	1%	4%	0%	5%
Neurosurgery	$802	-1%	0%	-1%	-3%
Nuclear Medicine	$50	-2%	0%	0%	-2%
Nurse Anes / Anes Asst	$1,291	-4%	-1%	0%	-5%
Nurse Practitioner	$4,503	2%	1%	0%	4%
Obstetrics/Gynecology	$620	2%	2%	0%	4%
Ophthalmology	$5,398	-3%	-4%	0%	-7%
Optometry	$1,325	0%	-2%	0%	-2%
Oral/Maxillofacial Surgery	$71	0%	0%	-1%	-1%
Orthopedic Surgery	$3,734	0%	1%	0%	1%
Other	$34	-1%	-1%	0%	-2%
Otolarngology	$1,225	2%	2%	0%	3%
Pathology	$1,203	-3%	-2%	0%	-5%
Pediatrics	$62	2%	1%	0%	3%
Physical Medicine	$1,110	0%	0%	0%	1%
Physical/Occupational Therapy	$4,248	-3%	-2%	0%	-5%
Physician Assistant	$2,637	2%	1%	0%	4%
Plastic Surgery	$369	-1%	0%	-1%	-2%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Podiatry	$1,998	2%	2%	0%	4%
Portable X-Ray Supplier	$94	-1%	-1%	0%	-2%
Psychiatry	$1,120	1%	1%	0%	3%
Pulmonary Disease	$1,658	0%	0%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-1%	-1%	0%	-2%
Radiology	$4,971	-3%	-2%	-1%	-5%
Rheumatology	$534	5%	2%	1%	8%
Thoracic Surgery	$352	-3%	-1%	0%	-4%
Urology	$1,739	2%	2%	0%	5%
Vascular Surgery	$1,203	-1%	-2%	0%	-3%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

We also considered an alternative that reflected CMS refinements to the three CPT codes as described above and also included the consolidated, redefined and revalued HCPCS add-on G code, GPC1X.

Table 118 illustrates the specialty level impacts associated with making refinements to the RUC recommended values for the office/outpatient E/M code set and also making separate payment for HCPCS add-on code GPC1X. These impacts are similar to what we are proposing, with slight less positive impacts for those specialties who bill CPT codes 99212 or 99214.

TABLE 118: Estimated Specialty Specific Impacts of CMS Refined Values with HCPCS add-on G code GPC1X if Implemented in CY 2020

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$236	3%	3%	0%	7%
Anesthesiology	$1,993	-5%	-1%	0%	-6%
Audiologist	$70	-4%	-2%	0%	-6%
Cardiac Surgery	$279	-5%	-2%	-1%	-7%
Cardiology	$6,595	1%	1%	0%	3%
Chiropractor	$750	-5%	-3%	-1%	-9%
Clinical Psychologist	$787	-6%	0%	0%	-6%
Clinical Social Worker	$781	-6%	0%	0%	-6%
Colon And Rectal Surgery	$162	-3%	0%	0%	-3%
Critical Care	$346	-4%	-1%	0%	-5%
Dermatology	$3,541	0%	1%	-1%	-1%
Diagnostic Testing Facility	$697	0%	-3%	0%	-4%
Emergency Medicine	$3,021	-5%	-2%	1%	-6%
Endocrinology	$488	10%	4%	1%	15%
Family Practice	$6,019	7%	3%	1%	11%
Gastroenterology	$1,713	-2%	-1%	-1%	-4%
General Practice	$405	5%	2%	0%	7%
General Surgery	$2,031	-3%	-1%	0%	-4%
Geriatrics	$187	1%	2%	0%	3%
Hand Surgery	$226	-1%	0%	0%	-1%
Hematology/Oncology	$1,673	7%	4%	1%	12%
Independent Laboratory	$592	-2%	-1%	0%	-4%
Infectious Disease	$640	-2%	0%	0%	-3%
Internal Medicine	$10,507	2%	2%	0%	4%
Interventional Pain Mgmt	$885	4%	3%	1%	8%
Interventional Radiology	$432	-2%	-3%	0%	-5%
Multispecialty Clinic/Other Phys	$148	-2%	0%	0%	-2%
Nephrology	$2,164	-2%	0%	0%	-2%
Neurology	$1,503	2%	5%	0%	8%
Neurosurgery	$802	-3%	-1%	-2%	-6%
Nuclear Medicine	$50	-3%	0%	0%	-4%
Nurse Anes / Anes Asst	$1,291	-6%	-2%	0%	-8%
Nurse Practitioner	$4,503	4%	3%	0%	7%
Obstetrics/Gynecology	$620	4%	3%	0%	7%
Ophthalmology	$5,398	-4%	-5%	0%	-9%
Optometry	$1,325	-2%	-3%	0%	-5%
Oral/Maxillofacial Surgery	$71	-1%	-1%	-1%	-3%
Orthopedic Surgery	$3,734	-1%	0%	0%	-2%
Other	$34	-3%	-2%	0%	-5%
Otolarngology	$1,225	3%	2%	0%	5%
Pathology	$1,203	-4%	-3%	-1%	-8%
Pediatrics	$62	3%	2%	0%	5%
Physical Medicine	$1,110	-2%	0%	0%	-2%
Physical/Occupational Therapy	$4,248	-4%	-4%	0%	-8%
Physician Assistant	$2,637	4%	2%	0%	7%
Plastic Surgery	$369	-2%	-1%	-1%	-4%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Podiatry	$1,998	0%	1%	0%	1%
Portable X-Ray Supplier	$94	-1%	-3%	0%	-4%
Psychiatry	$1,120	4%	3%	0%	7%
Pulmonary Disease	$1,658	0%	1%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-2%	-2%	0%	-4%
Radiology	$4,971	-4%	-3%	0%	-8%
Rheumatology	$534	8%	4%	1%	13%
Thoracic Surgery	$352	-4%	-2%	-1%	-7%
Urology	$1,739	4%	4%	0%	8%
Vascular Surgery	$1,203	-2%	-3%	0%	-4%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

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3. Alternatives Considered for the Quality Payment Program

For purposes of the payment impact on the Quality Payment Program, we view the performance threshold and the additional performance threshold, as the critical factors affecting the distribution of payment adjustments. We ran two separate models with performance thresholds of 35 and 50 respectively (as an alternative to the proposed performance threshold of 45) to estimate the impact of a more moderate and a more aggressive increase in the performance threshold. A lower performance threshold would be a more gradual transition and could potentially allow more clinicians to meet or exceed the performance threshold. The lower performance threshold would lower the amount of budget neutral dollars to redistribute and increase the number of clinicians with a positive payment adjustment, but the scaling factor would be lower. In contrast, a more aggressive increase would likely lead to higher positive payment adjustments for clinicians that exceed the performance threshold because the budget neutral pool would be redistributed among fewer clinicians. We ran each of these models using the proposed additional performance threshold of 80. In the model with a performance threshold of 35, we estimate that $466 million would be redistributed through budget neutrality. There would be a maximum payment adjustment of 5.3 percent after considering the MIPS payment adjustment and the additional MIPS payment adjustment for exceptional performance. In addition, 8.2 percent of MIPS eligible clinicians would receive a negative payment adjustment among those that submit data. In the model with a performance threshold of 50, we estimate that $644 million would be redistributed through budget neutrality, and that there would be a maximum payment adjustment of 6.1 percent after considering the MIPS payment adjustment and the additional MIPS payment adjustment for exceptional performance. In addition, 15.5 percent of MIPS eligible clinicians would receive a negative payment adjustment among those that submit data. We proposed a performance threshold of 45 because we believe increasing the performance threshold to 45 points was not unreasonable or too steep, but rather a moderate step that encourages clinicians to gain experience with all MIPS performance categories. We refer readers to section III.K.3.e.(2) of this proposed rule for additional rationale on the selection of the performance threshold.

To evaluate the impact of modifying the additional performance threshold, we ran two models with additional performance thresholds of 75 and 85 as an alternative to the proposed 80 points. We ran each of these models using a performance threshold of 45. The benefit of the model with the additional performance threshold of 75 would maintain the additional performance threshold that was in year 3. In the model with the additional performance threshold of 75, we estimate that $586 million would be redistributed through budget neutrality, and there would be a maximum payment adjustment of 4.8 percent after considering the MIPS payment adjustment and the additional MIPS payment adjustment for exceptional performance. In addition, 12.7 percent of MIPS eligible clinicians would receive a negative payment adjustment among those that submit data. In the model with an additional performance threshold of 85, we estimate that $586 million would be redistributed through budget neutrality, and that there would be a maximum payment adjustment of 8.3 percent after considering the MIPS payment adjustment and the additional MIPS payment adjustment for exceptional performance among those that submit data. Also, that 12.7 percent of MIPS eligible clinicians will receive a negative payment adjustment among those that submit data. We proposed the additional performance threshold at 80 points because we believe raising the additional performance threshold would incentivize continued improved performance while accounting for policy changes in the fourth year of the program. We refer readers to section III.K.3.e.(3) of this proposed rule for additional rationale on the selection of additional performance threshold.

G. Impact on Beneficiaries

1. Medicare PFS

There are a number of changes in this proposed rule that will have an effect on beneficiaries. In general, we believe that many of these changes, including those intended to improve accuracy in payment through regular updates to the inputs used to calculate payments under the PFS, will have a positive impact and improve the quality and value of care provided to Medicare providers and beneficiaries.

2. Quality Payment Program

There are several changes in this rule that would have an effect on beneficiaries. In general, we believe that many of these changes, including those intended to improve accuracy in payment through regular updates to the inputs used to calculate payments under the PFS, would have a positive impact and improve the quality and value of care provided to Medicare beneficiaries. For example, several of the new

proposed measures include patient-reported outcomes, which may be used to help patients make more informed decisions about treatment options. Patient-reported outcome measures provide information on a patient's health status from the patient's point of view and may also provide valuable insights on factors such as quality of life, functional status, and overall disease experience, which may not otherwise be available through routine clinical data collection. Patient-reported outcomes are factors frequently of interest to patients when making decisions about treatment. Similarly, our proposals in section III.K.3.g.(2) of this rule will improve the caliber and value of QCDR measures.

H. Burden Reduction Estimates

1. Payment for E/M Services

In the CY 2019 PFS final rule, we finalized proposals that we made in response to comments received from RFIs released to the public under our Patients Over Paperwork Initiative. Specifically, we finalized proposals that focused on simplifying the medical documentation payment framework for office/outpatient E/M services and allowing greater flexibility on the components practitioners could choose to document when billing Medicare for office/outpatient E/M visits. In that rule we discussed the specific changes to documentation requirements and estimated significant reductions in the amount of time that practitioners would spend documenting office/outpatient E/M visits, furthering our goal of allowing practitioners more time spent with patients. As discussed earlier in section II.P. of this proposed rule, we are proposing to adopt the revised office/outpatient E/M code set. Our new proposals reflect our ongoing dialog with the practitioner community and take into account the significant revisions the AMA/CPT editorial panel has made to the guidelines for the office/outpatient E/M code set. We note that as part of its efforts to revise the guidelines, the AMA has also estimated a reduction in the amount of time practitioners would spend documenting office/outpatient E/M visits. The AMA asserts that its revisions to the office/outpatient E/M code set will accomplish similar, albeit greater burden reduction in comparison with CMS' approach, as finalized in the CY 2019 PFS final rule, and is more intuitive and in line with the current practice of medicine. We reviewed the AMA's estimates and acknowledge that overall the AMA's approach does result in burden reduction that are consistent with our broader goals discussed above. In comparison to our estimates of burden reduction, as discussed in the CY 2019 final rule, the AMA's estimates show less documentation burden to practitioners, the difference resulting from CMS' finalized policies that allow use of add-on codes to reflect additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits that the current E/M coding and visit levels do not fully recognize (FR 83 59638). The AMA estimates reflect assumptions that the time spent documenting appropriate application of the add-on codes may result in additional burden to practitioners. We disagree with this assumption. In addition to proposing to redefine and revalue HCPCS G code add-on GPC1X to be more understandable and easy to report for purposes of medical documentation and billing, and proposing to delete HCPCS G-code add-on GCG0X, we believe that while an initial setup period is expected for practices to establish workflows that incorporate appropriate use of the add-on code, practices should be able to automate the appropriate use of the add-on code in a short period of time. Even so, our proposal to adopt the AMA's revised office/outpatient E/M code set is consistent with our goal of burden reduction and aligns with the policy principles that underlay what we finalized in the CY 2019 PFS final rule. The AMA's estimates of burden reduction as related to office/outpatient E/M documentation and other materials pertinent to the AMA/CPT and AMA/RUCs recent efforts to revise the office/outpatient E/M code set are available at *https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management*.

2. Beneficiary Liability

Many proposed policy changes could result in a change in beneficiary liability as it relates to coinsurance (which is 20 percent of the fee schedule amount, if applicable for the particular provision after the beneficiary has met the deductible). To illustrate this point, as shown in our public use file Impact on Payment for Selected Procedures available on the CMS website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/,* the CY 2019 national payment amount in the nonfacility setting for CPT code 99203 (Office/outpatient visit, new) was $109.92, which means that in CY 2019, a beneficiary would be responsible for 20 percent of this amount, or $21.98. Based on this proposed rule, using the CY 2020 CF, the CY 2020 national payment amount in the nonfacility setting for CPT code 99203, as shown in the Impact on Payment for Selected Procedures public use file, is $110.43, which means that, in CY 2020, the final beneficiary coinsurance for this service would be $22.09.

I. Estimating Regulatory Familiarization Costs

If regulations impose administrative costs on private entities, such as the time needed to read and interpret this rule, we should estimate the cost associated with regulatory review. Due to the uncertainty involved with accurately quantifying the number of entities that will review the rule, we assume that the total number of unique commenters on last year's rule will be the number of reviewers of this rule. We acknowledge that this assumption may understate or overstate the costs of reviewing this rule. It is possible that not all commenters reviewed last year's rule in detail, and it is also possible that some reviewers chose not to comment on the rule. For these reasons we thought that the number of past commenters would be a fair estimate of the number of reviewers of this rule. We welcomed any comments on the approach in estimating the number of entities which will review this rule.

We also recognize that different types of entities are in many cases affected by mutually exclusive sections of this rule, and therefore for the purposes of our estimate we assume that each reviewer reads approximately 50 percent of the rule. We sought comments on this assumption.

Using the wage information from the BLS for medical and health service managers (Code 11–9111), we estimate that the cost of reviewing this rule is $109.36 per hour, including overhead and fringe benefits *https://www.bls.gov/oes/current/oes_nat.htm*. Assuming an average reading speed, we estimate that it would take approximately 8.0 hours for the staff to review half of this rule. For each facility that reviews the rule, the estimated cost is $874.88 (8.0 hours × $109.36). Therefore, we estimated that the total cost of reviewing this regulation is $13,399,662 ($874.88 × 15,316 reviewers).

J. Accounting Statement

As required by OMB Circular A–4 (available at *http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf*), in Tables 119 and 120 (Accounting Statements), we have prepared an accounting statement. This estimate includes growth in incurred benefits from CY 2019 to CY 2020 based on the FY 2020 President's Budget baseline.

guidelines and RUC recommendations exactly as implemented by the CPT Editorial Panel and submitted by the RUC. CMS should work with the medical community to urge Congress to implement positive updates to the Medicare conversion factor to offset the deserved increases to office visits.

Proposed Add-On Code GPC1X

In addition to the CPT and RUC recommended changes, CMS proposes to implement a Medicare-specific add-on code for E/M office visits describing the complexity associated with visits that serve as a focal point for all medical care or for ongoing care related to a patient's single, serious, or complex chronic condition.

CMS does not provide any specific assumptions regarding the projected utilization for this new add-on code. A comparison between CMS impact tables indicate that more than $1.5 billion will be redistributed between specialties if this code is implemented. Although, the codes descriptor implies that all physicians may report the code, only the following specialties are projected to receive payment for the service, per the comparison of impact tables 111 and 115:

Allergy
Cardiology
Endocrinology
Family Medicine
General Practice
Geriatric Medicine
Hematology/Oncology
Internal Medicine
Interventional Pain Management
Neurology
Nurse Practictioner
Obstetrics/Gynecology
Otolaryngology
Pediatric Medicine
Physician Assistant
Psychiatry
Rheumatology
Urology

CMS must explain the projected use of this code in detail. We request that CMS articulate all of the underlying assumptions regarding the potential use of this code and develop a specific impact table in the Final Rule indicating the impact by specialty. It appears that CMS assumes that add-on code would be applied to nearly 50% of the claims for these 18 specialties combined. If this same assumption is applied across all specialties, the cost of this code to the Medicare program is $2.2 billion.

We understand that CMS' intent is to ensure that physicians are adequately paid for those patients that are outliers to the typical patient described in the valuation of office visits. However, the vignettes utilized in the survey often describe a patient that would have ongoing primary care services and/or have a single,

serious, or complex chronic condition. For example, the vignette for 99215 is *Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.* The RUC agrees that regardless of service performed, a surgical procedure or an office visit, physicians should have a way to identify outlier patients where additional payment is warranted. However, the proposed code GPC1X *Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)* is not well defined. For example, what is the definition of "serious" in this code descriptor? **The RUC recommends that CMS postpose the implementation of this add-on code, allowing the CPT Editorial Panel to better define the service to meet its intended purpose.**

Systematic Adjustments to Other Stand-Alone Codes

CMS also seeks comments on whether it is necessary to make systematic adjustments to other services to maintain relativity between these services and E/M office visits, and whether it is necessary to make corresponding adjustments to E/M codes describing visits in other settings. The RUC does not believe that CMS should make systematic adjustments to services without additional review by the CPT Editorial Panel and the RUC. Any decision making on valuation of other codes first requires a review of the coding structure to assure that it aligns with same burden reduction modifications of the office visits. Once the office visit coding changes and valuation are finalized, the CPT/RUC Workgroup on E/M would reconvene to consider similar coding changes to other E/M services. **We urge the Agency to treat any comments requesting increases to other E/M services, or other services mentioned in this section of the *Proposed Rule*, as potentially misvalued services and subject to additional survey and review in 2020 and beyond. A list of these identified services should be published in the *Final Rule*.**

RUC Surveyed Physician Time

CMS requests comments on physician time. **We urge CMS to adopt the RUC recommended median total time for the office visits, as submitted.** The RUC recommendations were thorough in explanation of these time data and we include them again here. The total median time for office visits should be placed within the "total time" field in the CMS time database.

> The RUC thoroughly discussed the way physician time was captured in the survey. The specialty societies indicated that the office visit codes currently include pre- and post-service time. The recent survey merely changed the way this time was captured. The pre-service time is described as three calendar days prior to the office visit, the intra-service time is described as the calendar day of the office visit and the post-service time is described as within seven days following the office visit. Each respondent reported three different times for each office visit code. The respondents were asked to indicate zero for the three day before/seven days following the encounter, if not typical. These three times were summed and a total time determined for each respondent. The median total time will <u>not</u> necessarily equal the sum of the median times for each of the three-time periods. For example, one physician might spend 5 minutes preparing to see a patient on the day prior to a visit based on their own workflow pattern. Whereas, another physician may perform all the pre-service work on the morning of the office visit. Therefore, both physicians would have responded differently on the survey for the times spent three days prior and on the date of service, but the total time would remain the same. The specialty

AMA's website at *https://www.ama-assn.org/cpt-evaluation-and-management*. Given the CPT coding changes that will take effect in 2021, the AMA RUC also conducted a resurvey and revaluation of the office/outpatient E/M visit codes, and provided us with its recommendations.

Effective January 1, 2021, the CPT Editorial Panel adopted revisions to the office/outpatient E/M code descriptors, and substantially revised both the CPT prefatory language and the CPT interpretive guidelines that instruct practitioners on how to bill these codes. The AMA has approved an accompanying set of interpretive guidelines governing and updating what determines different levels of MDM for office/outpatient E/M visits. Some of the changes made by the CPT Editorial Panel parallel our finalized policies for CY 2021, such as the choice of time or MDM in determination of code level. Other aspects differ, such as the number of code levels retained, presumably for purposes of differential payment; the times, and inclusion of all time spent on the day of the visit; and elimination of options such as the use of history and exam or time in combination with MDM, to select code level.

Many stakeholders have continued to express objections to our assignment of a single payment rate to level 2–4 office/outpatient E/M visits stating that this inappropriately incentivizes multiple, shorter visits and seeing less complex patients. Many stakeholders also stated that the purpose and use of the HCPCS add-on G codes that we established for primary care and non-procedural specialized medical care remain ambiguous, expressed concern that the codes are potentially contrary to current law prohibiting specialty-specific payment, and asserted that Medicare's coding approach is unlikely to be adopted by other payers.

In meetings with stakeholders since we issued the CY 2019 PFS final rule, some stakeholders suggested that only time should be used to select the service level because time is easy to audit, simple to document, and better accounts for patient complexity, in comparison to the CPT Editorial Panel revised MDM interpretive guidance. These stakeholders stated that the implementation of the CPT Editorial Panel revised MDM interpretive guidance will result in the likely increase in the selection of levels 4 and 5, relative to current typical coding patterns. They suggested that to more accurately distinguish varying levels of patient complexity, either the visit levels should be recalibrated so that levels 4 and 5 no longer represent the most often billed visit, or a sixth level should be added. In these meetings, some stakeholders also stated that the office/outpatient E/M codes fail to capture the full range of services provided by certain specialties, particularly primary care and other specialties that rely heavily on office/outpatient E/M services rather than procedures, systematically undervaluing primary care visits and visits furnished in the context of non-procedural specialty care, thereby creating payment disparities that have contributed to workforce shortages and beneficiary access challenges across a range of specialties. They reiterated that office/outpatient E/M visit codes have not been extensively examined since the creation of the PFS and recommended that CMS conduct an extensive research effort to revise and revalue office/outpatient E/M services through a major research initiative akin to that undertaken when the PFS was first established.

The AMA believes its approach will accomplish greater burden reduction, is more clinically intuitive and reflects the current practice of medicine, and is more likely to be adopted by all payers than the policies CMS finalized for CY 2021. The AMA has posted an estimate of the burden reduction associated with the policies approved at CPT on the AMA's website at *https://www.ama-assn.org/cpt-evaluation-and-management.*

3. CY 2021 PFS Final Policies for Office/Outpatient Visits

a. Overview

In the CY 2020 PFS proposed rule, we discussed our proposal to adopt the CPT coding for office/outpatient E/M visits effective January 1, 2021, noting that the CPT coding changes will necessitate changes to CMS' policies for CY 2021, due to forthcoming changes in code descriptors. In addition, we addressed revaluation of the codes, proposing new values for the codes as revised by CPT, that would also take effect on January 1, 2021. We proposed to assign separate payment rather than a blended rate, to each of the office/outpatient E/M visit codes (except CPT code 99201, which CPT is deleting) and the new prolonged visit add-on CPT code (CPT code 99XXX). We proposed to delete the HCPCS add-on code we finalized last year for CY 2021 for extended visits (GPRO1), and to no longer pay separately for CPT codes 99358–9 (prolonged E/M visit without direct patient contact) in association with office/outpatient E/M visits. We proposed to simplify, consolidate and revalue the HCPCS add-on codes we finalized last year for CY 2021 for primary care (GPC1X) and non-procedural specialized medical care (GCG0X), and to allow the consolidated single code to be reported with all office/outpatient E/M visit levels (not just levels 2 through 4). All of these changes would be effective January 1, 2021. We noted that our proposed policies would further our ongoing effort to reduce administrative burden, improve payment accuracy, and update the office/outpatient EM visit code set to better reflect the current practice of medicine.

We received many thousands of comments in response to these proposals. The following is a summary of the comments and our response.

b. Public Comments and Responses

(1) Office/Outpatient E/M Visit Coding and Documentation

For CY 2021, for office/outpatient E/M visits (CPT codes 99201–99215), we proposed generally to adopt the new coding, prefatory language, and interpretive guidance framework that has been issued by the AMA/CPT (*see https://www.ama-assn.org/cpt-evaluation-and-management*) because we believed it would accomplish greater burden reduction than the policies we finalized for CY 2021 and would be more intuitive and consistent with the current practice of medicine. We noted that this includes deletion of CPT code 99201 (Level 1 office/outpatient visit, new patient), which the CPT Editorial Panel decided to eliminate as CPT codes 99201 and 99202 are both straightforward MDM and only differentiated by history and exam elements.

Under this new framework, history and exam would no longer be used to select the level of code for office/outpatient E/M visits. Instead, an office/outpatient E/M visit would include a medically appropriate history and exam, when performed. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam would no longer apply, and these components would only be performed when, and to the extent, medically necessary and clinically appropriate. Level 1 visits would only describe or include visits performed by clinical staff for established patients, and the concept of medical decision making would not apply to CPT code 99211.

For levels 2 through 5 office/outpatient E/M visits, the code level reported would be decided based on either the level of MDM (as redefined in

the new AMA/CPT guidance framework) or the total time personally spent by the reporting practitioner on the day of the visit (including face-to-face and non-face-to-face time). Because we would no longer assign a blended payment rate (discussed below), we would no longer adopt the minimum supporting documentation associated with level 2 office/outpatient E/M visits, which we had finalized in the CY 2019 PFS final rule (83 FR 59634) as a corollary to the uniform payment rate for level 2–4 office/outpatient E/M visits when using MDM or the current framework to document the office/outpatient E/M visit. We would adopt the new time ranges within the CPT codes as revised by the CPT Editorial Panel.

Comment: Commenters were generally supportive of our proposals to eliminate the blended payment rate and instead adopt the revised CPT coding and levels for separate payment, including the choice of selecting visit level on the basis of time or MDM. The commenters agreed that these proposals would reduce administrative burden, improve payment accuracy, and better reflect the current practice of medicine. However, a number of commenters disagreed with the new MDM guidelines and believe they need further refinement before implementation. A few commenters believed the revised guidelines represent a critical first step and supported them as such, but were concerned that they fail to capture all the inputs for the visit (especially physical exam) and the complexity (intensity) of the patient with multiple issues; may continue to result in undesired cutting and pasting in the medical record; and fail to properly differentiate levels (particularly level 2 versus 3, and level 3 versus 4). These commenters were concerned that the revised MDM criteria may not prevent upcoding or prevent the accumulation of meaningless or repetitive information in the medical record just for billing purposes, and suggested that CMS work with the Office of the National Coordinator for Health Information Technology (ONC) on ways to accomplish ''behind-the-scenes'' documentation in support of the data review associated with MDM.

One commenter supported using time as the basis for choosing the E/M code, but expressed concern about using MDM as one of the primary factors to determine E/M levels. This commenter viewed time as the most important factor, and was concerned about MDM levels failing to account for the complexity of neurologic patients and difficulty attaining the highest level of E/M code using MDM alone. This commenter suggested there will be an increase in reporting of levels 4 and 5 office/outpatient E/M visits under the new construct that may necessitate recalibrating the visit levels.

A few commenters suggested that when time is used to determine visit level selection that it should be based on time spent during the 24-hour period that includes the face-to-face visit, in recognition of those practitioners who see patients during evening clinic hours. Similarly, when MDM is used to determine visit level, some commenters expressed concern that MDM cannot be concluded until practitioners receive test results, which may not occur until after the date of the encounter.

Response: We agree that the MDM guidelines as revised by the AMA/CPT represent a good first step in reducing burden and updating the different levels of MDM for the current practice of medicine, as well as the coming 2021 definitional changes in this code set. We agree with the majority of commenters that time and MDM are each important measures of office/outpatient E/M visit complexity that practitioners should have the option to use to select visit level, and that history and physical exam only need to be performed and documented as medically appropriate. Therefore, we are finalizing our proposal to adopt the MDM guidelines as revised by CPT and allow the use of time or MDM to select office/outpatient E/M visit level beginning January 1, 2021. We share some of the commenters' concerns about potential resulting shifts in visit levels billed and among specialties, and intend to monitor the claims data to assess any resulting changes. We will continue to consider whether future refinements to the office/outpatient E/M visit code set, its valuation, and supporting documentation may be needed. We refer readers to our comment/response below on the prolonged service codes regarding the applicable time period for the primary office/outpatient E/M visit code and prolonged service code(s). Finally, the AMA/CPT has indicated it will undertake educational efforts on its new guidelines that we expect might clarify outstanding questions such as the application of test results received on subsequent dates when MDM is used to select visit level.

Comment: A few commenters stated that CPT's new documentation guidelines for the revised office/outpatient E/M code set that would permit code selection based on either MDM or time did not accurately represent MDM activities for urgent care practitioners who report office/outpatient E/Ms in the urgent care setting. These commenters were concerned that the revised MDM criteria fail to account for the complexity of the patient with multiple issues and would result in inaccurate visit level selection, and recommended that CMS allow urgent care practitioners to use either the 1995 and 1997 Guidelines or CPT's new documentation guidelines for the revised office/outpatient E/M code set and allow data to be gathered to monitor it over time.

Response: We appreciate these concerns, but we believe that allowing practitioners to use either the 1995 and 1997 Guidelines or CPT's new documentation guidelines for the revised office/outpatient E/M code set would create further burden. In the CY 2019 PFS proposed rule, we proposed to allow practitioners a choice between the 1995 and 1997 Guidelines, MDM alone, or time alone to document office/outpatient E/M services. In response to this proposal, commenters stated that ''such a policy would introduce too much variation in medical record format and content, or too many potential frameworks against which an auditor might review a claim'' (83 FR 59633). Because we believe that CPT's new documentation guidelines for the revised office/outpatient E/M code set accomplishes greater burden reduction than the policies we finalized for CY 2021 in the CY 2019 PFS final rule, we are finalizing our proposal to adopt the MDM guidelines as revised by CPT and allow the use of time or MDM to select office/outpatient E/M visit level. We share some of the commenters' concerns about potential resulting shifts in visit levels billed and among specialties, and intend to monitor the claims data to assess any resulting changes. We will continue to consider whether future refinements to the office/outpatient E/M visit code set, its valuation, and supporting documentation may be needed.

We interpreted the revised CPT prefatory language and reporting instructions to mean that there would be a single add-on CPT code for prolonged office/outpatient E/M visits (CPT code 99XXX *(Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*) that would only be reported when time is used for code level

selection and the time for a level 5 office/outpatient visit (the floor of the level 5 time range) is exceeded by 15 minutes or more on the date of service. We demonstrated how prolonged office/outpatient E/M visit time would be reported:

TABLE 33: Proposed Total Practitioner Times for Office/Outpatient E/M Visits When Time Is Used to Select Visit Level

Established Patient Office/Outpatient E/M Visit (Total Practitioner Time, When Time is Used to Select Code Level)	CPT code
40–54 minutes	99215
55-69 minutes	99215x1 and 99XXXx1
70-84 minutes	99215x1 and 99XXXx2
85 or more minutes	99215x1 and 99XXXx3 or more for each additional 15 minutes
New Patient Office/Outpatient E/M Visit (Total Practitioner Time, When Time is Used to Select Code Level)	**CPT code**
60-74 minutes	99205
75-89 minutes	99205x1 and 99XXXx1
90-104 minutes	99205x1 and 99XXXx2
105 or more minutes	99205x1 and 99XXXx3 or more for each additional 15 minutes

Comment: Commenters supported the proposal to adopt CPT code 99XXX to report all prolonged time spent on the day of the visit. Several commenters sought to clarify that day or date of visit means the 24-hour period for the date of service of the reported office/outpatient E/M visit code.

Response: We are finalizing our proposal to adopt CPT code 99XXX to report all prolonged time spent on the date of the primary office/outpatient E/M visit code, which is the 24-hour period for the date of service reported for the primary office/outpatient E/M visit code.

We also proposed to adopt our interpretation of the revised CPT prefatory language and reporting instructions, that CPT codes 99358–9 (*Prolonged E/M without Direct Patient Contact*) would no longer be reportable in association or ''conjunction'' with office/outpatient E/M visits. In other words, when using time to select office/outpatient E/M visit level, any additional time spent by the reporting practitioner on a prior or subsequent date of service (such as reviewing medical records or test results) could not count toward the required times for reporting CPT codes 99202–99215 or 99XXX, or be reportable using CPT codes 99358–9. This interpretation would be consistent with the way the office/outpatient E/M visit codes were resurveyed, where the AMA/RUC instructed practitioners to consider all time spent 3 days prior to, or 7 days after, the office/outpatient E/M visit (*see* below for a discussion of revaluation proposals). Moreover we noted that CPT codes 99358 and 99359 describe time spent beyond the ''usual'' time (CPT prefatory language), and it was not clear what would comprise ''usual'' time given the new time ranges for the office/outpatient E/M visit codes and new CPT code 99XXX (prolonged office/outpatient E/M visit).

New CPT prefatory language specifies, ''For prolonged services on a date other than the date of a face-to-face encounter, including office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), see 99358, 99359 . . . Do not report 99XXX in conjunction with . . . 99358, 99359''. We did not believe CPT code 99211 should be included in this list of base codes since it will only include clinical staff time. Also, given that CPT codes 99358, 99359 can currently be used to report practitioner time spent on any date (the date of the visit or any other day), and it was not clear whether CPT changed this rule, the CPT reporting instruction ''see 99358, 99359'' seemed circular. The new prefatory language seemed unclear regarding whether CPT codes 99358, 99359 could be reported instead of, or in addition to, CPT code 99XXX, and whether the prolonged time would have to be spent on the visit date, within 3 days prior or 7 days after the visit date, or outside of this new 10-day window relevant for the base code.

We solicited public input on the proposal and whether it would be appropriate to interpret the CPT reporting instructions for CPT codes 99358–99359 as proposed, as well as how this interpretation may impact valuation. We stated our belief that CPT codes 99358 and 99359 may need to be redefined, resurveyed and revalued. After internal review, we believed that when time is used to select visit level, having one add-on code (CPT code 99XXX) instead of multiple add-on codes for additional time may be administratively simpler and most consistent with our goal of documentation burden reduction.

HCPCS code GPRO1 (*extended office/outpatient E/M time*) would no longer be needed because the time described by this code would instead be described by a level 3, 4 or 5 office/outpatient E/M visit base code and, if applicable, the single new add-on CPT code for prolonged office/outpatient E/M visits (CPT code 99XXX). Therefore, we proposed to delete HCPCS code GPRO1 for CY 2021. We proposed to adopt the AMA/CPT prefatory language that lists qualifying activities that could be included when time is used to select the visit level. Alternatively, if MDM is used to choose the visit level, time would not be relevant to code selection.

Comment: Some commenters sought clarification on apparent overlap between CPT codes 99358–99359 and 99XXX, and recommended that CPT review this. Some commenters specified that there should continue to be a way to code and bill separately for prolonged time spent on a day other than the visit, such as for medical record review in advance of a new patient visit. In their public comment, the AMA/RUC noted that CPT codes 99358–99359 are not frequently reported, and recommended that the CPT/RUC Workgroup on E/M should review the issues raised in our

proposed rule regarding CPT codes 99358–99359 and ensure that the codes and guidelines are clarified, as needed, prior to any future RUC survey.

Response: Since Medicare began separately paying for CPT codes 99358–99359 in 2017 under the PFS, their PFS utilization has increased more than ten-fold from approximately 10,000 claim lines in 2016 to approximately 126,000 claim lines in 2018. While this remains a small percentage of E/M visit claims, utilization may further increase once all office/outpatient E/M visits can be reported on the basis of time alone and new activities such as documenting clinical information are explicitly counted as qualifying time. We continue to believe that the new CPT prefatory language on these codes is difficult to follow and interpret. For example, it states, ''for prolonged time without direct patient contact on the date of office or other outpatient services, use 99xxx. Codes 99358, 99359 may also be used for prolonged services on a date other than the date of a face-to-face encounter.'' But for CPT code 99xxx it states not to report 99xxx in conjunction with 99358, 99359 which could mean not to report 99358–99359 if 99xxx is reported, even on a separate day. Additionally, CPT would allow reporting at the midpoint of time for CPT codes 99358–99359 but not 99XXX, and these codes have discrepant time increments (one hour for CPT codes 99358–9 reportable after the midpoint, and 15 minutes for CPT code 99XXX not reportable after the midpoint).

Under the new CPT framework allowing the use of time to select visit level and the new list of qualifying activities, there is a new Medicare program vulnerability and potential increased beneficiary cost sharing associated with the inability to assess what visit(s) prolonged service codes reported on a date other than the visit are associated with and, accordingly, to assess whether the prolonged time was reasonable and necessary. If more than one visit was furnished (for example, if a beneficiary has an inpatient visit or another outpatient visit by the same practitioner within a wide time range of a given office/outpatient visit), it would not be clear which visit the prolonged time reported under CPT codes 99358–99359 is associated with for evaluating medical necessity and increments of time in relation to the base/companion code.

We continue to believe it would be administratively simpler and improve payment accuracy and program integrity to have only a single add-on code specific to prolonged office/outpatient E/M visits that is clearly linked to the companion E/M office/outpatient visit code. We believe that under the new coding framework, CPT codes 99358–99359 are potentially misvalued, need to be revised for clarity and present new program integrity challenges. Therefore, we are finalizing our proposal that CPT codes 99358–99359 will not be payable in association with office/outpatient E/M visits beginning in CY 2021. We will consider future changes made to these codes by the CPT Editorial Panel or the RUC for possible future rulemaking. We note that a number of other codes such as CCM, TCM, and other care management codes may be used to report time spent outside the direct patient contact on dates other than the office/outpatient visit, if the reporting requirements for those services are met. While these care management codes are not identical to the prolonged visit codes, they can be used to report a number of similar activities.

Comment: Commenters supported the proposal to delete HCPCS code GPRO1 for CY 2021 and to adopt the AMA/CPT prefatory language that lists qualifying activities that could be included when time is used to select the visit level. Alternatively, if MDM is used to choose the visit level, time would not be relevant to code selection.

Response: We are finalizing as proposed that GPRO1 will be deleted. Also, the new CPT prefatory language listing qualifying activities that can be included when time is used to select the visit level will apply for purposes of PFS payment. Alternatively, if MDM is used to choose the visit level, time will not be relevant to code selection.

Comment: Several commenters expressed concern regarding the use of physician and nonphysician practitioner (NPP) time and documentation as it pertains to a split/shared encounter when a beneficiary sees both the physician and NPP at one visit. One commenter questioned whether, when considering the use of an add-on code for time, the documented time would be limited to only one practitioner's time spent providing the service, or the time could include a combination of more than one physician and/or clinician providing the service. Another commenter stated that the CPT guidelines are inconsistent with the Medicare guidelines for split/shared E/M services. The commenter stated that per CMS guidelines, ''split/shared'' office visit E/M services only apply to established patients, while the new CPT introductory guidelines for the new patient office visit codes 99202–99205, specifically describe ''incident to'' work and time of both the physician and QHP for selecting a level of code. The commenter requested CMS clarify its incident-to policy rules relative to the revised CPT guidelines for new patient office visit codes.

One commenter requested that CMS consider the impact to the split/shared services guidelines as it incorporates documentation from a physician and a NPP. The commenter stated that policies set forth by the Medicare Administrative Contractors (MACs) require specific documentation of the second practitioner's participation in the delivery of the service in the medical record to support medical necessity for their participation and inquired how the impact of time and medical decision making changes impact these other regulations. The commenter detailed their concerns with the current proposal as it relates to split/shared services and asked whether CMS would clarify or redefine the documentation requirements for physician assistants (PAs) advanced practice registered nurses (APRNs), or physicians for these types of services. The commenter further requested clarification on how best to select appropriate E/M levels when practitioners use time to support their levels of service and two practitioner types are involved in furnishing care to the same patient on the same day. The commenter also asked whether CMS is considering a change in payment for PAs and APRNs, if so, whether it would be at the same rate for physician, and if not, how these new proposed documentation changes define the billing practitioner.

Response: We did not make any proposals specific to split/shared services in the CY 2020 PFS proposed rule. We thank the public commenters for raising these issues. We will review and take into account the public comments received on this topic and will consider the issues raised in the comments for possible future rulemaking.

Comment: Several commenters expressed concern that practitioners who report E/M services in multiple settings (for example, hospital inpatient services, emergency department services) would be required to document and create billing protocols under one set of rules for office/outpatient E/M visits and another set of rules for other E/M settings. These commenters recommended that CMS should apply CPT's new documentation guidelines for the revised office/outpatient E/M code set to all E/M services in all settings.

Response: Although we did not make any proposals in this regard for CYs 2020 or 2021, we appreciate the

information submitted. We will review and take into account the public comments received on this topic and will consider the issues raised in the comments for possible future rulemaking.

(2) Office/Outpatient E/M Visit Revaluation (CPT Codes 99201 Through 99215)

We received valuation recommendations from the AMA RUC for the revised office/outpatient E/M visit codes (CPT codes 99201 through 99215) following completion of its survey and revaluation process for these codes. Although these codes do not take effect until CY 2021, we believed that it was appropriate to follow our usual process of addressing the valuation of the revised office/outpatient E/M visit codes through rulemaking after we receive the RUC recommendations. Additionally, establishing values for the new codes through rulemaking this year will allow more time for clinicians to make any necessary process and systems adjustments before they begin using the codes. In recent years, we have considered how best to update and revalue the office/outpatient E/M visit codes as they represent a significant proportion of PFS expenditures.

MedPAC has had longstanding concerns that office/outpatient E/M services are undervalued in the PFS, and in its March 2019 Report to Congress, further asserted that the office/outpatient E/M code set has become passively devalued as values of these codes have remained unchanged, while the coding and valuation for other types of services under the fee schedule have been updated to reflect changes in medical practice (*see* pages 120 through 121 at *http://www.medpac.gov/docs/default-source/reports/mar19_medpac_ch4_sec.pdf?sfvrsn=0*).

In April 2019, the RUC provided us the results of its review, and recommendations for work RVUs, PE inputs and physician time (number of minutes) for the revised office/outpatient E/M visit code set. Please note that these changes in coding and values are for the revised office/outpatient E/M visit code set and a new 15-minute prolonged services code. That code set is effective beginning in CY 2021, and the values would go into effect with those codes as of January 1, 2021.

We proposed to adopt the RUC-recommended work RVUs for all of the office/outpatient E/M visit codes and the new prolonged services add-on code. Specifically, we proposed a work RVU of 0.93 for CPT code 99202 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15–29 minutes of total time is spent on the date of the encounter*), a work RVU of 1.6 for CPT code 99203 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30–44 minutes of total time is spent on the date of the encounter*), a work RVU of 2.6 for CPT code 99204 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45–59 minutes of total time is spent on the date of the encounter*), a work RVU of 3.5 for CPT code 99205 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60–74 minutes of total time is spent on the date of the encounter. (For services 75 minutes or longer, see Prolonged Services 99XXX)*), a work RVU of 0.18 for CPT code 99211 (*Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal*)), a work RVU of 0.7 for CPT code 99212 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10–19 minutes of total time is spent on the date of the encounter*), a work RVU of 1.3 for CPT code 99213 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20–29 minutes of total time is spent on the date of the encounter),* a work RVU of 1.92 for CPT code 99214 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30–39 minutes of total time is spent on the date of the encounter*), a work RVU of 2.8 for CPT code 99215 (*Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40–54 minutes of total time is spent on the date of the encounter. (For services 55 minutes or longer, see Prolonged Services 99XXX)*) and a work RVU of 0.61 for CPT code 99XXX (*Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)*).

Regarding the RUC recommendations for PE inputs for these codes, we proposed to remove equipment item ED021 (*computer, desktop, with monitor*), as we do not believe that this item would be allocated to the use of an individual patient for an individual service; rather, we believe this item is better characterized as part of indirect costs similar to office rent or administrative expenses as per our standard process for refining PE for this and other services.

The information we reviewed on the RUC valuation exercise was based on an extensive survey the RUC conducted of more than 50 specialty societies. For purposes of valuation, survey respondents were asked to consider the total time spent on the day of the visit, as well as any pre- and post-service time occurring within a timeframe of 3 days prior to the visit and 7 days after, respectively. This is different from the way codes are usually surveyed by the RUC for purposes of valuation, where pre-, intra-, and post-service time were surveyed, but not within a specific timeframe. The RUC then separately averaged the survey results for pre-service, day of service, and post-service times, and the survey results for total time, with the result that, for some of the codes, the sum of the times associated with the three service periods does not match the RUC-recommended total time. The RUC's approach sometimes resulted in two conflicting sets of times: The component times as surveyed and the total time as surveyed. Although we proposed to adopt the RUC-recommended times as explained below, we solicited comment on how

CMS should address the discrepancies in times, which have implications both for valuation of individual codes and for PFS ratesetting in general, as the intra-service times and total times are used as references for valuing many other services under the PFS and that the programming used for PFS ratesetting requires that the component times sum to the total time. Specifically, we solicited comment on which times should CMS use, and how we should resolve differences between the component and total times when they conflict. Table 34 illustrates the surveyed times for each service period and the surveyed total time. It also shows the actual total time if summed from the component times.

TABLE 34: RUC-Recommended Pre-, Intra-, Post-Service Times, RUC-Recommended Total Times for CPT codes 99202-99215 and Actual Total Time

HCPCS	Pre-Service Time	Intra-Service Time	Immediate Post-Service Time	Actual Total Time	RUC-recommended Total Time
99202	2	15	3	20	22
99203	5	25	5	35	40
99204	10	40	10	60	60
99205	14	59	15	88	85
99211		5	2	7	7
99212	2	11	3	16	18
99213	5	20	5	30	30
99214	7	30	10	47	49
99215	10	45	15	70	70

Table 35 summarizes the current office/outpatient E/M visit code set, and the new prolonged services code physician work RVUs and total time compared to what CMS finalized in CY 2019 for CY 2021, and the RUC-recommended work RVU and total time.

TABLE 35: Side by Side Comparison of Work RVUs and Physician Time for the Office/Outpatient E/M Services Code Set, and the New Prolonged Services Code (Current Versus Revised)

HCPCS Code	Current Total Time (mins)	Current Work RVU	CY 2021 Total Time (mins)	CY 2021 Work RVU	RUC rec Total Time (mins)	RUC rec Work RVU
99201	17	0.48	17	0.48	N/A	N/A
99202	22	0.93	22	1.76	22	0.93
99203	29	1.42	29	1.76	40	1.6
99204	45	2.43	45	1.76	60	2.6
99205	67	3.17	67	3.17	85	3.5
99211	7	0.18	7	0.18	7	0.18
99212	16	0.48	16	1.18	18	0.7
99213	23	0.97	23	1.18	30	1.3
99214	40	1.5	40	1.18	49	1.92
99215	55	2.11	55	2.11	70	2.8
99XXX	N/A	N/A	N/A	N/A	15	0.61

The RUC recommendations reflect a rigorous and robust survey approach, including surveying over 50 specialty societies, demonstrate that office/outpatient E/M visits are generally more complex, for most clinicians. In the CY 2019 PFS final rule, we finalized for CY 2021 a significant reduction in the payment variation in office/outpatient E/M visit levels by paying a single blended rate for E/M office/outpatient visit levels 2 through 4 (one for established and another for new patients). We also maintained the separate payment rates for E/M office/outpatient level 5 visits in order to better account for the care and needs of particularly complex patients. We believed that the single blended payment rate for E/M office/outpatient visit levels 2–4 better accounted for the resources associated with the typical visit. After reviewing the RUC recommendations, in conjunction with the revised code descriptors and documentation guidelines for CPT codes 99202 through 99215, we believe codes and recommended values would more accurately account for the time and intensity of office/outpatient E/M visits than either the current codes and values or the values we finalized in the CY 2019 PFS final rule for CY 2021. Therefore, we proposed to establish separate values for Levels 2–4 office/outpatient E/M visits for both new and

established patients rather than continue with the blended rate. We proposed to accept the RUC-recommended work and time values for the revised office/outpatient E/M visit codes without refinement for CY 2021. With regard to the RUC's recommendations for PE inputs, we proposed to remove equipment item ED021 (computer, desktop, with monitor), as this item is included in the overhead costs. Note that these changes to codes and values would go into effect January 1, 2021.

We received public comments on the proposed Office/Outpatient E/M Visit Revaluation provisions. The following is a summary of the comments we received and our responses.

Comment: The majority of commenters supported revision of CMS' finalized policies, including blended payment rate for levels 2–4 and CMS' proposed adoption of the RUC recommended values for CPT codes 99202–99215, and 99xxx, deleting CPT code 99201, and maintaining separate payment for the remaining codes.

A few commenters expressed concern with the RUC-recommended values, stating that the standard for compelling evidence had not been met, that the survey instrument was flawed, and that the survey respondents may not have understood the survey method or the new coding guidance itself. These commenters urged CMS to delay implementation of the RUC-recommended times and RVUs until the public is more familiar with the new coding system, at which time the codes could be resurveyed by the RUC.

Response: With regard to the concerns raised regarding the RUC survey process and revaluation effort, we recognize that valuation of codes is an iterative process and that estimates may need to be updated. Due to the robust nature of the survey and the consensus of the RUC participants, we believe that the combination of adopting the CPT's revised code set and accepting the RUC-recommended values will represent a significant improvement in the description and payment of office and outpatient E/M visits over the current coding and values. We believe the RUC process and resultant recommendations provide a sufficient basis on which to set values for CY 2021; and that this is especially so given that there is sufficient time to consider any additional information developed before the new code set and values take effect. We note that the updated values are not effective until CY 2021, and will consider additional information pertaining to valuation of these services if submitted prior to the February 10, 2020 deadline for submission of RUC and/or stakeholder valuation recommendations to be considered for CY 2021 rulemaking.

Comment: Most commenters did not support the classification of equipment item ED021 (*computer, desktop, with monitor*) as an indirect PE, stating that the computer was an important part of furnishing the service, used for documentation or to view test results, and was not available for other uses while a visit was being furnished. A few commenters suggested that the office/outpatient E/M visit codes should include as direct PE 2 minutes for identifying and obtaining imaging, lab, or other test results.

Response: We continue to believe that ED021 is best characterized as an indirect PE. Although desktop computers may be used perform not only administrative tasks, but also a number of clinical tasks such as recording information about the patient obtained during evaluation or accessing the patient's history during the visit, we continue to believe that the majority of the functionality of a desktop computer is not individually allocable to a particular patient for a particular service. We also note that there are a number of services similar to an office visit, such as CPT code 99483 (*Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (e.g., home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver*) and CPT code 99490 (*Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored*) that do not include equipment item ED021 as a direct PE input despite specifically requiring information be entered into an EHR or other tasks that would typically be completed using a desktop computer. Beyond the classification of the desktop computer as an indirect PE, we believe that the PE inputs as recommended to CMS by the RUC are accurate, and as such, we do not agree that additional time is needed for identifying and obtaining imaging, lab, or other test results.

Comment: Many commenters recommended that, for purposes of ratesetting and the CMS time file, CMS should consider total time to be the median total time as recommended by the RUC.

Response: We thank the commenters for their suggestions. Currently, for ratesetting and the CMS time file, the total time for the office/outpatient E/M code set is the sum of pre-, intra-, and post-service times. If we were to consider the median total time as recommended by commenters and the RUC, then the pre-, intra-, and post-services times would no longer, in some instances, sum to the total. As we noted in the proposed rule, this has implications both for valuation of individual codes and for PFS ratesetting in general, as the intra-service times and total times are used as references for valuing many other services under the PFS and that the programming used for PFS ratesetting requires that the component times sum to the total time. We will continue to consider this issue in future rulemaking.

Comment: Many commenters expressed concerns about the redistributive impact of revaluing of the office/outpatient E/M visit code set, particularly for practitioners who do not routinely bill office/outpatient E/M visits. Commenters suggested a number of strategies CMS could use to mitigate

the negative redistributive impact, such as phasing the changes in over 4 or 5 years, capping increases or decreases, conducting claims-based analysis, and working with Congress to ensure that these changes would not negatively impact the CY 2021 conversion factor.

Response: As these office/outpatient E/M visit codes make up around 20 percent of total PFS expenditures, we understand commenters' concerns with the magnitude of the redistributive adjustment necessary to budget neutralize the increased values. Given that these revised codes and values do not take effect until CY 2021, and we do not know the magnitude of redistribution resulting from other policies we may adopt through rulemaking before then, we believe it would be premature to finalize a strategy in this final rule as these values would not be effective until CY 2021. However, we intend to consider these concerns and address them in future rulemaking.

Based on our review of public comments, we are finalizing valuation for CPT codes 99202 through 99215, as proposed for implementation beginning in CY 2021.

(3) Simplification, Consolidation and Revaluation of HCPCS Codes GCG0X and GPC1X

Although we believe that the RUC-recommended values for the revised office/outpatient E/M visit codes will more accurately reflect the resources involved in furnishing a typical office/outpatient E/M visit, we believe that the revalued office/outpatient E/M visit code set itself still does not appropriately reflect differences in resource costs between certain types of office/outpatient E/M visits. In the CY 2019 PFS proposed rule, we articulated that, based on stakeholder comments, clinical examples, and our review of the literature on office/outpatient E/M services, there are three types of office/outpatient E/M visits that differ from the typical office/outpatient E/M visit and are not appropriately reflected in the current office/outpatient E/M visit code set and valuation. These three types of office/outpatient E/M visits can be distinguished by the mode of care provided and, as a result, have different resource costs. The three types of office/outpatient E/M visits that differ from the typical office/outpatient E/M service are: (1) Separately identifiable office/outpatient E/M visits furnished in conjunction with a global procedure; (2) primary care office/outpatient E/M visits for continuous patient care; and (3) certain types of specialist office/outpatient E/M visits. We proposed, but did not finalize, the application of a multiple procedure payment reduction (MPPR) to the first category of visits, to account for overlapping resource costs when office/outpatient E/M visits were furnished on the same day as a 0-day global procedure. To address the shortcomings in the E/M code set in appropriately describing and reflecting resource costs for the other two types of office/outpatient E/M visits, we proposed and finalized the two HCPCS G codes: HCPCS code GCG0X (*Visit complexity inherent to evaluation and management associated with non-procedural specialty care including endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonology (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established*) which describes the inherent complexity associated with certain types of specialist visits and GPC1X (*Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established*), which describes additional resources associated with primary care visits.

Although we finalized two separate codes, we valued both HCPCS codes GCG0X and GPC1X via a crosswalk to 75 percent of the work and time value of CPT code 90785 (*Interactive complexity (List separately in addition to the code for primary procedure)*). Interactive complexity is an add-on code that may be billed when a psychotherapy or psychiatric service requires more work due to the complexity of the patient, and we believed that 75 percent of its work and time values accurately captured the additional resource costs of primary care office/outpatient E/M visits and certain types of specialty office/outpatient E/M visits when billed with the single, blended payment rate for office/outpatient E/M visit levels 2–4.

In the CY 2019 PFS final rule, we stated that, due to the variation among the types of visits performed by certain specialties, we did not believe that the broad office/outpatient E/M visit code set captured the resource costs associated with furnishing primary care and certain types of specialist visits (FR 83 59638). As we stated above, we believe that the revised office/outpatient E/M visit code set and RUC-recommended values more accurately reflect the resources associated with a typical visit. However, we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits.

As such, we believe that there is still a need for add-on coding because the revised office/outpatient E/M visit code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits. However, based on previous public comments and ongoing engagement with stakeholders, we understand the need for the add-on code(s) and descriptor(s) to be easy to understand and report when appropriate, including in terms of medical record documentation and billing. We also clarify that the add-on coding is not intended to reflect any difference in payment based on the billing practitioner's specialty, but rather the recognition of different per-visit resource costs based on the kinds of care the practitioner provides, regardless of their specialty. Therefore, we proposed to simplify the coding by consolidating the two add-on codes into a single add-on code and revising the single code descriptor to better describe the work associated with visits that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition.

We proposed to revise the descriptor for HCPCS code GPC1X and delete HCPCS code GCG0X. The proposed descriptor for GPC1X appears in Table 36. We solicited comment regarding the proposed changes, particularly the proposed new code descriptor for GPC1X and whether or not more than one code, similar to the policy finalized last year, would be necessary or beneficial.

We have also reconsidered the appropriate valuation for this HCPCS add-on G-code in the context of the revised office/outpatient E/M visit code set and proposed values. Upon further review and in light of the other changes to the office/outpatient E/M visit code set, we believe that valuing the add-on code at 75 percent of CPT code 90785 would understate the additional inherent intensity associated with furnishing primary care and certain types of specialty visits. As CPT code 90785 also describes additional work associated with certain psychotherapy or psychiatric visits, we believe its work

and time values are the most appropriate crosswalk for the revised HCPCS code GPC1X. Therefore, we proposed to value HCPCS code GPC1X at 100 percent of the work and time values for CPT code 90785, and proposed a work RVU of 0.33 and a physician time of 11 minutes. We also proposed that this HCPCS add-on G code could be billed as applicable with every level of office/outpatient E/M visit, and that we would revise the code descriptor to reflect that change. See Table 36 for the changes to the code descriptor. We note that if the CPT Editorial Panel makes any further changes to the office/outpatient E/M visit codes and descriptors, or creates one or more CPT codes that duplicate this add-on code, or if the RUC and/or stakeholders or other public commenters recommend values for these or other related codes, we would consider them through subsequent rulemaking.

TABLE 36: Revaluation of HCPCS Add-on G code Finalized for CY 2021

HCPCS Code	Proposed Code Descriptor Revisions	FR 2019 total time (mins)	FR 2019 Work RVU	Total Time (mins)	Work RVU
GPC1X	*Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)*	8.25	0.25	11	0.33

We received public comments on the proposed Simplification, Consolidation and Revaluation of HCPCS codes GCG0X and GPC1X. The following is a summary of the comments we received and our responses.

Comment: Many commenters who rely upon the level 4 and 5 office/outpatient E/M visits to report the majority of their services were very supportive of the consolidation and redefinition of HCPCS codes GCG0X and GPC1X. Commenters agreed with CMS in that, although the revalued office/outpatient E/M visit codes better account for the intensity associated with furnishing these services, there are additional resources associated with primary care and certain types of non-procedural specialty care that are not captured by the revalued codes. Commenters also stated that the revised descriptor was clearer in that it did not allude to certain specialties specifically, but described the work associated with primary care or ongoing care related to a patient's single, serious, or complex chronic condition. Commenters generally supported CMS' proposal to change the level of visits billable with HCPCS code GPC1X from level 2–4 new or established patient visits to all visit levels, although a few commenters stated that it would only be billable with the level 4 and 5 visits because the clinical vignettes associated with those services describe patients with single, serious or complex chronic problem whereas the vignettes associated with the lower level office/outpatient E/M visit codes do not. Commenters also supported the increased work RVU.

Response: We thank the commenters for their support and generally agree with these comments. We note that clinical vignettes are meant to describe a typical patient for purposes of code valuation. Given the wide variety of visit types billable with the office/outpatient E/M visit code set, we do not believe that the value associated with the typical patient accounts for the additional resources associated with primary care or ongoing care related to a patient's single, serious, or complex chronic condition, regardless of the visit level. Therefore, we do not agree that billing HCPCS code GPC1X should be restricted to higher level office/outpatient E/M visits.

Comment: A few commenters recommended that the code descriptor for GPC1X be modified as follows (additions italicized): ''Visit complexity inherent to evaluation and management associated with medical care services that serve as the *first contact* and continuing focal point for all needed health care services *in coordination with others as needed* and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition(s). (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new, or established.).'' These commenters stated that these revisions better capture the work associated with primary care visits. Commenters also requested clarification on what CMS considers to be a ''complex'' or ''serious'' condition, and stated that CMS should issue detailed guidance and clinical scenarios wherein the billing of the GPC1X would be appropriate.

Response: We agree with commenters that the revisions have the potential to improve the accuracy of the code descriptor as it pertains to the primary care services described by HCPCS code GPC1X. We look forward to continued engagement with the public in the development of guidance and, in making this or similar refinements to the code through future rulemaking.

Comment: Other commenters disagreed with CMS' proposal. Many of these commenters, including the RUC, stated that they were supportive of separate payment for an add-on code that would account for additional work associated with ''outlier'' cases of particular clinical intensity but urged CMS to work with CPT and RUC to define and value the service.

Other commenters expressed concern regarding the necessity of HCPCS code GPC1X entirely. A few stated that, given the revaluation of the office/outpatient E/M visit codes, separate payment for certain types of primary care or specialty visits was duplicative and unnecessary. Some commenters also noted that the additional utilization associated with HCPCS code GPC1X further contributed to the redistributive effect of budget neutrality (BN)

adjustment related to revaluing the office/outpatient E/M visit codes, particularly for those specialties who do not routinely furnish office visits.

Response: HCPCS code GPC1X does not describe outlier visits, but visits associated with primary care or care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition(s), which we maintain is qualitatively different from the work accounted for in the revalued office/outpatient E/M visits. As stated previously, we will consider strategies to mitigate the redistributive effects of BN adjustment associated with revaluing of the office/outpatient E/M visit code set as part of future rulemaking.

After considering the comments, we are finalizing the code descriptor for GPC1X as proposed. We are finalizing valuation as proposed. GPC1X will be implemented in CY 2021.

(4) Valuation of CPT Code 99xxx (Prolonged Office/Outpatient E/M)

We proposed to delete to the HCPCS add-on code we finalized last year for CY 2021 for extended office/outpatient E/M visits (GPRO1) and adopt the new CPT code 99XXX. The RUC also provided a recommendation for new CPT code 99XXX (*Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services*). The RUC recommended 15 minutes of physician time and a work RVU of 0.61. Further, we proposed to accept the RUC recommended values for CPT code 99XXX without refinement.

We solicited comment on these proposals, as well as any additional information stakeholders can provide on the appropriate valuation for these services.

We received public comments on the proposed valuation of CPT code 99xxx. The following is a summary of the comments we received and our responses.

Comment: Most commenters supported the proposed value for CPT code 99XXX. A few commenters recommended a work RVU of 1.17, consistent with the valuation of the HCPCS G-code for additional time finalized in last year's rulemaking, GPRO1.

Response: We note that 99XXX describes 15 minutes of additional time, whereas GPR01 described 30 minutes of additional time. Therefore, we continue to believe that 0.61 is a more accurate work RVU for 99XXX.

After considering the comments, we are finalizing valuation for CPT code 99XXX as proposed.

(5) Implementation Timeframe

We proposed that these policy changes for office/outpatient E/M visits would be effective starting January 1, 2021. We believed this would allow sufficient time for physician and practitioner education and further feedback; changes in clinical workflows, EHRs and any other impacted systems; and corresponding changes that may be made by other payers. In summary, we proposed to adopt the following policies for office/outpatient E/M visits effective January 1, 2021:

- Separate payment for the five levels of office/outpatient E/M visit CPT codes, as revised by the CPT Editorial Panel effective January 1, 2021 and resurveyed by the AMA RUC, with minor refinement. This would include deletion of CPT code 99201 (*Level 1 new patient office/outpatient E/M visit*) and adoption of the revised CPT code descriptors for CPT codes 99202–99215;
- Elimination of the use of history and/or physical exam to select among code levels;
- Choice of time or MDM to decide the level of office/outpatient E/M visit (using the revised CPT interpretive guidelines for MDM);
- Payment for prolonged office/outpatient E/M visits using the new CPT code 99xxx, deletion of HCPCS code GPRO1 (*extended office/outpatient E/M visit*) that we previously finalized for 2021, and no longer recognizing CPT codes 99358–9 for separate payment in association with office/outpatient E/M visits;
- Revise the descriptor for HCPCS code GPC1X and delete HCPCS code GCG0X; and
- Increase in value for HCPCS code GCG1X and allow it to be reported with all office/outpatient E/M visit levels.

We received public comments on the proposed implementation timeframe. The following is a summary of the comments we received and our responses.

Comment: Commenters generally supported the proposed implementation date of CY 2021, stating that this implementation date would allow adequate time to educate practitioners and their staff, revise electronic health records, and transition clinical workflows, institutional processes and policies, and other aspects of practitioner work that would be impacted by these policy changes. Several commenters suggested that CMS should implement changes for CY 2020 instead of CY 2021. A few commenters suggested that CMS should phase in implementation more gradually, ranging between 18 months to allow electronic health record systems vendors more time to prepare, and 4 or 5 years to mitigate the redistributive impact of the valuation changes.

Response: Given that the CPT coding changes will take effect in 2021, we are finalizing these proposals for January 1, 2021, which is also the implementation timeframe we finalized last year. We believe the delayed implementation to CY 2021 will allow practitioners and electronic health records vendors time to prepare. As stated previously, given that we do not know the magnitude of redistribution resulting from other policies we may adopt through rulemaking before these changes take effect, we believe it would be premature to finalize a strategy in this final rule for addressing redistributive impacts. However, we intend to consider concerns expressed by commenters and address them in future rulemaking.

(6) Global Surgical Packages

In addition to their recommendations regarding physician work, time, and PE for office/outpatient E/M visits, the AMA RUC also recommended adjusting the office/outpatient E/M visits for procedures with post-operative visits included in 10- or 90-day global periods to reflect the changes made to the values for office/outpatient E/M visits. The valuation of most procedures with 10- and 90-day global periods reflect a certain number of post-operative visits that are assumed to typically be furnished by the same practice and specialty as the procedure itself during the global period. While the work involved in these post-operative visits is often valued with reference to RVUs for separately-billed E/M visits, bundled post-operative visit RVUs do not directly contribute a certain number of RVUs to the valuation of procedures with 10- or 90-day global periods.

In the CY 2015 PFS final rule, we discussed the challenges of accurately accounting for the number of visits included in the valuation of 10- and 90-day global packages (79 FR 67548, 67582). We finalized a policy to change all global periods to 0-day global periods, and to allow separate payment for post-operative E/M visits. Our concerns were based on a number of key points including: The lack of sufficient data on the number of visits typically

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Portable X-Ray Supplier	$96	0%	0%	0%	0%
Psychiatry	$1,134	0%	1%	0%	1%
Pulmonary Disease	$1,665	0%	0%	0%	0%
Radiation Oncology And Radiation Therapy Centers	$1,762	0%	0%	0%	0%
Radiology	$4,995	0%	0%	0%	0%
Rheumatology	$536	0%	0%	0%	0%
Thoracic Surgery	$355	-1%	0%	0%	-1%
Urology	$1,745	0%	1%	0%	1%
Vascular Surgery	$1,211	0%	-2%	0%	-2%
TOTAL	**$93,487**	**0%**	**0%**	**0%**	**0%**

* Column F may not equal the sum of columns C, D, and E due to rounding.

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2. CY 2020 PFS Impact Discussion

a. Changes in RVUs

The most widespread specialty impacts of the RVU changes are generally related to the changes to RVUs for specific services resulting from the misvalued code initiative, including RVUs for new and revised codes. The estimated impacts for some specialties, including clinical social workers, podiatry, urology, and obstetrics/gynecology reflect increases relative to other physician specialties. These increases can largely be attributed to finalized increases in value for particular services following the recommendations from the American Medical Association (AMA)'s Relative Value Scale Update Committee and CMS review, increased payments as a result of finalized updates to supply and equipment pricing, and the continuing implementation of the adjustment to indirect PE allocation for some office-based services.

The estimated impacts for several specialties, including ophthalmology and optometry, reflect decreases in payments relative to payment to other physician specialties as a result of revaluation of individual procedures reviewed by the AMA's relative value scale update committee (RUC) and CMS. The estimated impacts for other specialties, including vascular surgery, reflect decreased payments as a result of continuing implementation of the previously finalized updates to supply and equipment pricing. The estimated impacts also reflect decreased payments due to continued implementation of previously finalized code-level reductions that are being phased-in over several years. We also note that the estimated impact for the neurology specialty is decreasing as compared to the proposed impacts due to the decision to finalize contractor pricing for some of the new long term EEG monitoring services. For independent laboratories, it is important to note that these entities receive approximately 83 percent of their Medicare revenues from services that are paid under the CLFS. As a result, the estimated 1 percent increase for CY 2020 is only applicable to approximately 17 percent of the Medicare payment to these entities.

We often receive comments regarding the changes in RVUs displayed on the specialty impact table (Table 119), including comments received in response to the proposed rates. We remind stakeholders that although the estimated impacts are displayed at the specialty level, typically the changes are driven by the valuation of a relatively small number of new and/or potentially misvalued codes. The percentages in Table 119 are based upon aggregate estimated PFS allowed charges summed across all services furnished by physicians, practitioners, and suppliers within a specialty to arrive at the total allowed charges for the specialty, and compared to the same summed total from the previous calendar year. Therefore, they are averages, and may not necessarily be representative of what is happening to the particular services furnished by a single practitioner within any given specialty.

b. Impact

Column F of Table 119 displays the estimated CY 2020 impact on total allowed charges, by specialty, of all the RVU changes. A table showing the estimated impact of all of the changes on total payments for selected high volume procedures is available under ''downloads'' on the CY 2020 PFS final rule website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/*. We selected these procedures for sake of illustration from among the procedures most commonly furnished by a broad spectrum of specialties. The change in both facility rates and the nonfacility rates are shown. For an explanation of facility and nonfacility PE, we refer readers to Addendum A on the CMS website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/*.

c. Estimated Impacts Related to Changes for Office/Outpatient E/M Services for CY 2021

Although we did not propose changes to E/M coding and payment for CY 2020, we proposed certain changes for CY 2021. In the proposed rule, we displayed an impact table that illustrated the specialty level impact associated with implementing the proposed changes to the office/outpatient E/M code set in CY 2020, rather than CY 2021. Table 120 reflects that we are finalizing as proposed.

We believe these estimates provide insight into the magnitude of potential changes for certain physician specialties but note that Table 120 does not take into account other changes to payment rates finalized for CY 2020 and should be considered for illustrative purposes only. Furthermore, as the CY 2021 impact of the revalued office/outpatient E/M code set will be inclusive of policies finalized in that year's rulemaking, we believe it would be premature to provide updated impacts for CY 2020. Table 120 illustrates the estimated specialty level impacts associated with finalizing the work values for the office/outpatient E/M codes, as well as the revalued HCPCS add-on G-code for primary care and certain types of specialty visits as proposed for CY 2020, exclusive of any other changes finalized for CY 2020.

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TABLE 120: Estimated Specialty Level Impacts of Finalized E/M Payment and Coding Policies

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact*
Allergy/Immunology	$236	4%	3%	0%	7%
Anesthesiology	$1,993	-5%	-1%	0%	-7%
Audiologist	$70	-4%	-2%	0%	-6%
Cardiac Surgery	$279	-5%	-2%	-1%	-8%
Cardiology	$6,595	2%	1%	0%	3%
Chiropractor	$750	-5%	-3%	-1%	-9%
Clinical Psychologist	$787	-7%	0%	0%	-7%
Clinical Social Worker	$781	-7%	0%	0%	-6%
Colon And Rectal Surgery	$162	-3%	-1%	-1%	-4%
Critical Care	$346	-5%	-1%	0%	-6%
Dermatology	$3,541	0%	1%	-1%	-1%
Diagnostic Testing Facility	$697	-1%	-4%	0%	-4%
Emergency Medicine	$3,021	-6%	-2%	1%	-7%
Endocrinology	$488	11%	5%	1%	16%
Family Practice	$6,019	8%	4%	1%	12%
Gastroenterology	$1,713	-2%	-1%	-1%	-4%
General Practice	$405	5%	2%	0%	8%
General Surgery	$2,031	-3%	-1%	0%	-4%
Geriatrics	$187	2%	1%	0%	3%
Hand Surgery	$226	-1%	0%	0%	-1%
Hematology/Oncology	$1,673	8%	4%	1%	12%
Independent Laboratory	$592	-3%	-1%	0%	-4%
Infectious Disease	$640	-3%	-1%	0%	-3%
Internal Medicine	$10,507	2%	2%	0%	4%
Interventional Pain Mgmt	$885	4%	3%	1%	8%
Interventional Radiology	$432	-3%	-3%	0%	-6%
Multispecialty Clinic/Other Phys	$148	-2%	0%	0%	-2%
Nephrology	$2,164	-2%	0%	0%	-2%
Neurology	$1,503	2%	5%	0%	8%
Neurosurgery	$802	-3%	-1%	-2%	-6%
Nuclear Medicine	$50	-4%	0%	0%	-5%
Nurse Anes / Anes Asst	$1,291	-7%	-2%	0%	-9%
Nurse Practitioner	$4,503	5%	3%	0%	8%
Obstetrics/Gynecology	$620	4%	3%	0%	7%
Ophthalmology	$5,398	-4%	-5%	0%	-10%
Optometry	$1,325	-2%	-3%	0%	-5%
Oral/Maxillofacial Surgery	$71	-1%	-1%	-1%	-4%
Orthopedic Surgery	$3,734	-1%	0%	0%	-2%
Other	$34	-3%	-2%	0%	-5%
Otolaryngology	$1,225	3%	2%	0%	5%
Pathology	$1,203	-5%	-3%	-1%	-8%
Pediatrics	$62	3%	2%	0%	6%
Physical Medicine	$1,110	-2%	0%	0%	-2%
Physical/Occupational Therapy	$4,248	-4%	-3%	0%	-8%
Physician Assistant	$2,637	4%	2%	0%	7%
Plastic Surgery	$369	-3%	-1%	-1%	-5%
Podiatry	$1,998	0%	1%	0%	1%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact*
Portable X-Ray Supplier	$94	-1%	-3%	0%	-4%
Psychiatry	$1,120	4%	3%	0%	7%
Pulmonary Disease	$1,658	0%	1%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-2%	-2%	0%	-4%
Radiology	$4,971	-5%	-3%	0%	-8%
Rheumatology	$534	9%	5%	1%	15%
Thoracic Surgery	$352	-5%	-2%	-1%	-7%
Urology	$1,739	4%	4%	0%	8%
Vascular Surgery	$1,203	-2%	-3%	0%	-5%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

** Column F May Not Equal The Sum Of Columns C, D, And E Due To Rounding.*

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Overall, those specialties that bill higher level established patient visits, such as endocrinology or family practice, see the greatest increases as those codes were revalued higher relative to the rest of the office/outpatient E/M code set. Those specialties that see the greatest decreases are those that do not generally bill office/outpatient E/M visits. Other specialty level impacts are primarily driven by the extent to which those specialties bill using the office/outpatient E/M code set and the relative increases to the particular office/outpatient E/M codes predominantly billed by those specialties. We note that any potential coding changes and recommendations in overall valuation for new and existing codes between the CY 2020 rule and the CY 2021 final rule could impact the actual change in overall RVUs for office/outpatient visits relative to the rest of the PFS. Given the various factors that will be considered by the variety of stakeholders involved in the CPT and RUC processes, we do not believe we can estimate with any degree of certainty what the impact of potential changes might be. We also, note, however, that any changes in coding and payment for these services would be subject to notice and comment rulemaking.

As discussed elsewhere in this section of the final rule, we estimate this approach would lead to burden reduction for practitioners, while allowing a year of preparatory time and time for potential refinement over the next year as we take into account any feedback from stakeholders on these changes.

Comment: We received a number of comments on the impact analysis conducted to show the estimated specialty level impacts associated with implementing the proposed changes to the office/outpatient E/M code family for CY 2020, rather than CY 2021. Overall commenters requested that CMS provide more details as to how the impacts analysis was conducted, particularly the assumptions behind estimated utilization for HCPCS code GPC1X.

Response: For purposes of estimating the specialty level impacts we assumed that the following specialties would bill HCPCS code GPC1X with 100 percent of their office/outpatient E/M visit codes: Family practice, general practice, internal medicine, pediatrics, geriatrics, nurse practitioner, physician assistant, endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonary disease. We want to underscore that this was an assumption regarding which specialties are likely to furnish the types of medical care services that serve as the continuing focal point for all needed health care services or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition and is not meant to be prescriptive as to which specialties may bill for this service. As stated earlier, there are no specialty restrictions for billing HCPCS code GPC1X.

We encourage the public to submit additional information and recommendations regarding utilization for HCPCS code GPC1X prior to the February 10th deadline for submission of RUC and stakeholder valuation recommendations to be considered in CY 2021 rulemaking.

D. Effect of Changes Related to Telehealth

As discussed in section II.F. of this final rule, we proposed to add three new codes, HCPCS codes G2086, G2087, and G2088, to the list of Medicare telehealth services for CY 2020. Although we expect these changes to have the potential to increase access to care in rural areas, based on recent telehealth utilization of services already on the list, including services similar to the additions, we estimate there will only be a negligible impact on PFS expenditures from these additions. For example, for services already on the list, they are furnished via telehealth, on average, less than 0.1 percent of the time they are reported overall. The restrictions placed on Medicare telehealth by the statute limit the magnitude of utilization; however, we believe there is value in allowing physicians and patients the greatest flexibility when appropriate.

E. Effect of Changes Related to Physician Supervision for Physician Assistant (PA) Services

As discussed in section II.I of this final rule, we proposed to revise § 410.74(a)(2) such that the statutory physician supervision requirement for PA services at section 1861(s)(2)(K)(i) of the Act would be met when a PA furnishes their services in accordance with state law and state scope of practice rules for PAs in the state in which the services are furnished, with medical direction and appropriate supervision as required by state law in which the services are performed. In the absence of state law governing physician supervision of PA services, the physician supervision required by Medicare for PA services would be evidenced by documentation in the medical record of the PA's approach to

methadone and the NADAC data to set the drug portion of the payment for oral buprenorphine. We note that, for the CY 2020 payments, we were able to calculate an ASP for methadone because of manufacturer reporting. However, we did not receive ASP data from any of the buprenorphine oral manufacturers. Therefore, this drug category was priced using NADAC survey data.

In developing the policies for this final rule, we also considered several other options for pricing of oral drugs as described in the proposed rule, including the methodology under section 1847A of the Act; Medicare Part D Prescription Drug Plan Finder data; WAC; and NADAC data. In determining which alternative data source to finalize for pricing the oral OTP drugs, in the event we did not receive manufacturer-submitted ASP pricing data, we considered commenters' varied responses to the options presented in the proposed rule. We also considered the possibility of using the TRICARE rate for methadone as the primary pricing methodology and increasing the payment limits to 106 percent of the ASP, instead of 100 percent of the ASP, as suggested by commenters.

We did not receive comments that would significantly alter our assumptions regarding estimated impacts of these alternatives. For methadone, using the methodology under section 1847A of the Act, Medicare Part D Prescription Drug Plan Finder data, WAC, TRICARE rates, and NADAC data methodologies would have resulted in a slightly decreased impact when compared to the reported ASP. For buprenorphine (oral), the Medicare Part D Prescription Drug Plan Finder data is very similar to NADAC pricing. Therefore, we believe there would be minimal changes in the estimated impacts from using this alternative data source. Since WAC-based pricing is slightly higher than NADAC pricing, we note that using WAC-based pricing would increase the estimated impacts marginally. For both oral product categories, increasing the payment limit to 106 percent of the ASP, instead of 100 percent of the ASP, would have resulted in a correspondingly higher impact.

While considering whether to finalize the rates that were proposed for the non-drug component, we explored a number of alternative scenarios based on commenters' responses to our proposals. For example, we considered whether to finalize the proposed rate that was based on a crosswalk to TRICARE's bundled weekly rate for methadone, whether to base the Medicare rate on the rates set by state Medicaid programs, or whether to calculate the rate using a building block methodology which sums the payment rates for similar services paid under Medicare currently. Were we to have finalized the proposed rates that were based on a crosswalk to TRICARE's weekly bundled rate, that would have resulted in a lower impact compared to the estimated impact of the rates we are finalizing, which were calculated using a building block methodology, as the TRICARE rate for non-drug services is lower than the rate we have finalized using the building block approach. Were we to have finalized rates equal to those set by some state Medicaid programs, the estimated impact would vary depending on which state Medicaid programs were used.

We note that there is significant variability across the state Medicaid programs in terms of the payment rates and what services are included in the bundle or billed separately, and that some states have payment rates that are higher than our finalized rate. Additionally, we considered whether to finalize partial episodes for each of the bundled payments. Were we to have finalized partial episodes that would have likely resulted in a lower overall impact compared to the rates we are finalizing, as the rates that were proposed for the partial episodes were calculated by taking one half of the value of the non-drug component for the full episodes. As noted in section II.G of this rule, we are not finalizing our proposal to create partial episodes for CY 2020.

We also considered several alternatives for the update factor used in updating the payment rates for the non-drug component of the bundled payment for OUD treatment services, including the Bureau of Labor Statistics Consumer Price Index for All Items for Urban Consumers (CPI–U) (Bureau of Labor Statistics #CUUR0000SA0 (*https://www.bls.gov/cpi/data.htm*)) and the IPPS hospital market basket reduced by the multifactor productivity adjustment. Based on a CMS forecast of projected rates, we believe that the projected MEI and CPI–U rates are anticipated to be similar, and thus using the CPI–U as an update factor would have minimal effect on estimated impacts. Since the projected IPPS hospital market basket rate is generally higher than the projected MEI rate, using the IPPS hospital market basket rate would result in higher estimated impacts. We received one comment which stated that an OTP's cost structure is more similar to a hospital outpatient department than a physician's office, so the IPPS annual update factor should be used instead of the MEI rate. In considering the appropriate update factor to finalize, we considered the medical services being provided by the OTP facilities and we believe that conceptually physician office services more closely align to OTP services, and compositionally the MEI more closely aligns with the services associated with the OTP payment system.

2. Alternatives Considered Related to Payment for E/M Services

In developing our policies for office/outpatient E/M visits effective January 1, 2021, we considered a number of alternatives. For reasons discussed in section II.P. of this final rule, we did not include either the extended office/outpatient E/M HCPCS code GPR01 or the single blended payment rates for combined visit levels 2 through 4 that were finalized in the CY 2019 final rule for CY 2021 in our considerations. Our alternatives also did not include the revaluation of global surgical services, as recommended by the AMA RUC, which incorporated the revised office/outpatient E/M code values. We note that in all of the alternatives we considered, the valuation for all codes in the office/outpatient E/M code set would increase. Therefore, all specialties for whom the office/outpatient codes represent a significant portion of their billing would also see payment increases while those specialties who do not report those codes would see overall payment decreases. Any variation in the magnitude of the increases or decreases are a result of a specialties overall billing patterns.

We did, however, consider proposing to eliminate both add-on codes, HCPCS code GCG0X and HCPCS code GPC1X, that were finalized in the CY 2019 final rule for CY 2021. Our stated rationale in the CY 2019 final rule for developing HCPCS code GPC1X (83 FR 59625 through 59653) was to more accurately account for the type and intensity of E/M work performed in primary care-focused visits beyond the typical resources reflected in the single payment rate for the levels 2 through 4 visits. The reason for finalizing HCPCS code GCG0X, as stated in the CY 2019 FR (83 FR 59625 through 59653) GCG0X was to reflect additional resource costs for inherently complex services that are non-procedural. We considered whether these two add-on codes would still be necessary in the context of the revised descriptors and valuations for office/outpatient E/M services. We considered an alternative, therefore, in which we adopted the RUC's recommended values

but excluded the two HCPCS add-on G-codes. In reviewing the results of this policy option, we observed that our concerns about capturing the work associated with visits that are part of ongoing, comprehensive primary care and/or care management for patients having a single, serious, or complex chronic condition were still present. The specialty level impacts associated with this alternative are displayed in Table 124. The specialties that benefited most from this alternative, such as Endocrinology and Rheumatology, are those that primarily bill levels 3–5 established patient office/outpatient E/M visits, as those visit levels had the greatest increases in valuation among the overall office/outpatient E/M code set.

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TABLE 124: Estimated Specialty Specific Impacts of Accepting the RUC Recommended Values but Deleting Both HCPCS G codes GCG0X and GPC1X if Implemented in CY 2020

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$236	3%	3%	0%	6%
Anesthesiology	$1,993	-3%	-1%	0%	-4%
Audiologist	$70	-3%	-1%	0%	-4%
Cardiac Surgery	$279	-4%	-1%	-1%	-5%
Cardiology	$6,595	1%	1%	0%	1%
Chiropractor	$750	-4%	-2%	-1%	-7%
Clinical Psychologist	$787	-4%	0%	0%	-4%
Clinical Social Worker	$781	-4%	1%	0%	-4%
Colon And Rectal Surgery	$162	-1%	0%	0%	-1%
Critical Care	$346	-3%	-1%	0%	-3%
Dermatology	$3,541	1%	2%	-1%	2%
Diagnostic Testing Facility	$697	0%	-3%	0%	-3%
Emergency Medicine	$3,021	-3%	-1%	1%	-4%
Endocrinology	$488	7%	3%	1%	10%
Family Practice	$6,019	5%	2%	0%	7%
Gastroenterology	$1,713	0%	0%	-1%	-1%
General Practice	$405	3%	1%	0%	5%
General Surgery	$2,031	-1%	0%	0%	-2%
Geriatrics	$187	1%	1%	0%	2%
Hand Surgery	$226	0%	1%	0%	1%
Hematology/Oncology	$1,673	5%	2%	1%	8%
Independent Laboratory	$592	-2%	0%	0%	-2%
Infectious Disease	$640	-2%	-1%	0%	-3%
Internal Medicine	$10,507	1%	1%	0%	2%
Interventional Pain Mgmt	$885	2%	2%	0%	4%
Interventional Radiology	$432	-2%	-2%	0%	-4%
Multispecialty Clinic/Other Phys	$148	0%	0%	0%	0%
Nephrology	$2,164	-1%	0%	0%	-1%
Neurology	$1,503	1%	4%	0%	6%
Neurosurgery	$802	-2%	0%	-1%	-3%
Nuclear Medicine	$50	-2%	0%	0%	-2%
Nurse Anes / Anes Asst	$1,291	-5%	-1%	0%	-6%
Nurse Practitioner	$4,503	2%	1%	0%	4%
Obstetrics/Gynecology	$620	2%	2%	0%	4%
Ophthalmology	$5,398	-3%	-4%	0%	-7%
Optometry	$1,325	0%	-2%	0%	-2%
Oral/Maxillofacial Surgery	$71	0%	0%	-1%	-1%
Orthopedic Surgery	$3,734	0%	1%	0%	1%
Other	$34	-1%	-1%	0%	-2%
Otolaryngology	$1,225	2%	1%	0%	3%
Pathology	$1,203	-3%	-2%	0%	-5%
Pediatrics	$62	2%	1%	0%	3%
Physical Medicine	$1,110	0%	0%	0%	0%
Physical/Occupational Therapy	$4,248	-3%	-2%	0%	-5%
Physician Assistant	$2,637	2%	1%	0%	4%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Plastic Surgery	$369	-1%	0%	-1%	-2%
Podiatry	$1,998	2%	2%	0%	4%
Portable X-Ray Supplier	$94	-1%	-1%	0%	-3%
Psychiatry	$1,120	2%	1%	0%	3%
Pulmonary Disease	$1,658	0%	0%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-1%	-1%	0%	-2%
Radiology	$4,971	-3%	-2%	0%	-5%
Rheumatology	$534	6%	3%	1%	9%
Thoracic Surgery	$352	-3%	-1%	0%	-5%
Urology	$1,739	2%	2%	0%	5%
Vascular Surgery	$1,203	-1%	-2%	0%	-3%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

We also considered, as an alternative, proposing CMS refinements to the RUC recommendations for two of the CPT codes. Consistent with our generally established policies for reviewing work RVUs recommended by the RUC, we observed that the increase in work RVU for CPT codes 99212 and 99214 (levels 2 and 4 for established patients) seemed disproportionate to the increase in total time for these services, particularly in comparison with the work to time relationships among the other seven E/M code revaluations. For CPT code 99212, we observed that the total time for furnishing this service increased by 2 minutes (13 percent increase), but that the recommended work RVU increased by nearly 50 percent from 0.48 to 0.70. We reviewed other CPT codes with similar times as the survey code and identified a potential crosswalk to CPT code 76536 (*Ultrasound, soft tissues of head and neck e.g., thyroid, parathyroid, parotid), real time with image documentation*), with a work RVU of 0.56. We therefore considered decreasing the work RVU for CPT code 99212 to 0.56. For CPT code 99214, the total time increased from 40 to 49 minutes, which is a 23 percent change, while the work RVU increased from 1.50 to 1.92 (28 percent increase). We considered a crosswalk to CPT code 73206 (*Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing*), with a work RVU of 1.81 and total time of 50 minutes. The refinements we considered for the RUC recommendations are shown in Table 125.

TABLE 125: Current, RUC recommended and CMS Refined Office/Outpatient E/M Work RVUs

CPT/HCPCS	Current Work RVU (Current)	RUC-Recommended Work RVU	Alternative: CMS-Refined Work RVU
99201	0.48	NA	NA
99202	0.93	0.93	0.93
99203	1.42	1.6	1.6
99204	2.43	2.6	2.6
99205	3.17	3.5	3.5
99211	0.18	0.18	0.18
99212	0.48	0.7	0.56
99213	0.97	1.3	1.3
99214	1.5	1.92	1.81
99215	2.11	2.8	2.8
99XXX	NA	0.61	0.5
GPC1X	0.25	NA	0.33
GCG0X	0.25	NA	0.33

Table 126 illustrates the specialty level impacts of refining the RUC recommendations. Under this alternative those specialties who frequently bill CPT code 99212 or CPT code 99214, such as dermatology and family practice, respectively, experience more modest increases relative to other alternatives.

TABLE 126: Estimated Specialty Specific Impacts of CMS Refined Values if Implemented in CY 2020

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$236	3%	3%	0%	6%
Anesthesiology	$1,993	-3%	-1%	0%	-4%
Audiologist	$70	-2%	-1%	0%	-4%
Cardiac Surgery	$279	-3%	-1%	0%	-5%
Cardiology	$6,595	1%	1%	0%	1%
Chiropractor	$750	-3%	-2%	-1%	-6%
Clinical Psychologist	$787	-4%	0%	0%	-3%
Clinical Social Worker	$781	-4%	1%	0%	-3%
Colon And Rectal Surgery	$162	-1%	0%	0%	-1%
Critical Care	$346	-2%	-1%	0%	-3%
Dermatology	$3,541	1%	2%	-1%	2%
Diagnostic Testing Facility	$697	0%	-3%	0%	-3%
Emergency Medicine	$3,021	-3%	-1%	1%	-3%
Endocrinology	$488	5%	2%	1%	8%
Family Practice	$6,019	4%	2%	1%	6%
Gastroenterology	$1,713	0%	0%	-1%	-1%
General Practice	$405	3%	1%	0%	4%
General Surgery	$2,031	-1%	0%	0%	-2%
Geriatrics	$187	1%	1%	0%	2%
Hand Surgery	$226	0%	1%	0%	1%
Hematology/Oncology	$1,673	5%	2%	1%	8%
Independent Laboratory	$592	-2%	0%	0%	-2%
Infectious Disease	$640	-2%	0%	0%	-2%
Internal Medicine	$10,507	1%	1%	0%	2%
Interventional Pain Mgmt	$885	2%	2%	1%	4%
Interventional Radiology	$432	-1%	-2%	0%	-4%
Multispecialty Clinic/Other Phys	$148	0%	0%	0%	0%
Nephrology	$2,164	-1%	0%	0%	-1%
Neurology	$1,503	1%	4%	0%	5%
Neurosurgery	$802	-1%	0%	-1%	-3%
Nuclear Medicine	$50	-2%	0%	0%	-2%
Nurse Anes / Anes Asst	$1,291	-4%	-1%	0%	-5%
Nurse Practitioner	$4,503	2%	1%	0%	4%
Obstetrics/Gynecology	$620	2%	2%	0%	4%
Ophthalmology	$5,398	-3%	-4%	0%	-7%
Optometry	$1,325	0%	-2%	0%	-2%
Oral/Maxillofacial Surgery	$71	0%	0%	-1%	-1%
Orthopedic Surgery	$3,734	0%	1%	0%	1%
Other	$34	-1%	-1%	0%	-2%
Otolaryngology	$1,225	2%	2%	0%	3%
Pathology	$1,203	-3%	-2%	0%	-5%
Pediatrics	$62	2%	1%	0%	3%
Physical Medicine	$1,110	0%	0%	0%	1%
Physical/Occupational Therapy	$4,248	-3%	-2%	0%	-5%
Physician Assistant	$2,637	2%	1%	0%	4%
Plastic Surgery	$369	-1%	0%	-1%	-2%

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Podiatry	$1,998	2%	2%	0%	4%
Portable X-Ray Supplier	$94	-1%	-1%	0%	-2%
Psychiatry	$1,120	1%	1%	0%	3%
Pulmonary Disease	$1,658	0%	0%	0%	1%
Radiation Oncology And Radiation Therapy Centers	$1,756	-1%	-1%	0%	-2%
Radiology	$4,971	-3%	-2%	-1%	-5%
Rheumatology	$534	5%	2%	1%	8%
Thoracic Surgery	$352	-3%	-1%	0%	-4%
Urology	$1,739	2%	2%	0%	5%
Vascular Surgery	$1,203	-1%	-2%	0%	-3%
TOTAL	**$92,979**	**0%**	**0%**	**0%**	**0%**

We also considered an alternative that reflected CMS refinements to the three CPT codes as described above and also included the consolidated, redefined and revalued HCPCS add-on G code, GPC1X.

Table 127 illustrates the specialty level impacts associated with making refinements to the RUC recommended values for the office/outpatient E/M code set and also making separate payment for HCPCS add-on code GPC1X. These impacts are similar to what we proposed, with slight less positive impacts for those specialties who bill CPT codes 99212 or 99214.

December 17, 2019

Peter Smith, MD
Chair, Relative Value Scale Update Committee (RUC)
American Medical Association (AMA)
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Smith,

The undersigned specialty societies are among those who responded with a Level of Interest of "1" for the issue of "Visit Complexity E/M Add-On," which was included on the special Level of Interest form distributed after the Centers for Medicare & Medicaid Services (CMS) published the final rule on the 2020 Medicare physician fee schedule. Like other specialty societies that responded with a Level of Interest of "1" for this issue, we agree that the code, GPC1X, should not be surveyed at this time. However, we arrive at that conclusion for different reasons and recommend the RUC take a different action.

In the final rule on the 2020 Medicare physician fee schedule, CMS encouraged "the public to submit additional information and recommendations regarding **utilization** for HCPCS code GPC1X prior to the February 10th deadline for submission of RUC and stakeholder valuation recommendations to be considered in CY 2021 rulemaking." (Emphasis added) From our perspective, a plain reading of this sentence is that CMS only sought information and recommendations regarding utilization, not valuation. The reference to "valuation" in the sentence in the final rule is only in the context of clarifying the February 10th deadline CMS gives for its request for additional information and recommendations regarding utilization.

Asked to clarify the intent of the sentence in question, CMS staff responded, "While the statement referenced … **pertains specifically to additional information regarding the utilization assumptions associated with HCPCS code GPC1X**, we are always interested in receiving valuation recommendations from the public." (Emphasis added) For us, this reinforces the plain reading mentioned above.

In short, our understanding is that CMS seeks information and recommendations regarding utilization assumptions related to GPC1X, not its valuation. CMS has set the value for GPC1X. As such, we agree with the American College of Surgeons (ACS) and others that no survey of code GPC1X is needed for the January 2020 RUC meeting. We respectfully disagree with the ACS regarding the need for code GPC1X itself and what the RUC should recommend with respect to it.

We understand the ACS believes this new add-on code is unnecessary given CMS' proposal to adopt the new Current Procedural Terminology (CPT) framework for office/outpatient evaluation and management code level selection, which allows for selecting a higher-level service when more complexity (or more time) is required. We also understand that, because they don't believe the code is warranted, ACS and others propose that no survey be conducted and that the RUC should recommend code GPC1X have no relative value units, no time, no practice expense inputs, and a utilization estimate of zero.

From our perspective, this position and related recommendation ignore statements made by CMS in the proposed and final rules on the 2020 Medicare physician fee schedule. For instance, in the final rule on the 2020 Medicare physician fee schedule, CMS states:

> Although we believe that the RUC-recommended values for the revised office/outpatient E/M visit codes will more accurately reflect the resources involved in furnishing a typical office/outpatient E/M visit, we believe that the revalued office/outpatient E/M visit code set itself still does not appropriately reflect differences in resource costs between certain types of office/outpatient E/M visits.

Later in the same rule, CMS states:

> As we stated above, we believe that the revised office/outpatient E/M visit code set and RUC-recommended values more accurately reflect the resources associated with a typical visit. However, we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits. As such, we believe that there is still a need for add-on coding because the revised office/outpatient E/M visit code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits.

We agree with CMS. The code is still warranted and deserves to be valued, as CMS has done. We disagree that the RUC should recommend code GPC1X have no relative value units, no time, no practice expense inputs, and a utilization estimate of zero.

Instead, we recommend the RUC refer the matter to the CPT Editorial Panel for the 2022 cycle. We believe such an action would be consistent with the RUC's response to the proposed rule on the 2020 Medicare physician fee schedule. Addressing code GPC1X in that response, the RUC acknowledged that CMS' intent is to ensure that qualified healthcare professionals are adequately paid for those patients that are outliers to the typical patient described in the valuation of office visits. Further, the RUC agreed that regardless of service performed, a surgical procedure or an office visit, qualified healthcare professionals should have a way to identify outlier patients where additional payment is warranted. The response went on to note that GPC1X is not well defined and to recommend that the CPT Editorial Panel be allowed to better define the service to meet its intended purpose.

Pending action by the CPT Editorial Panel and subsequent consideration of the results by the RUC, we believe it is reasonable to accept the value of 0.33 wRVU CMS has assigned to GPC1X for 2021.

Thank you for your time and consideration of this recommendation. RUC advisors from among our specialty societies will be prepared to address this issue at the January RUC meeting. If you or RUC staff have any questions or need anything else in this regard in the meantime, please let us know through Kent Moore at the American Academy of Family Physicians, who can be reached by email at kmoore@aafp.org or by phone at (913) 906-6398.

Sincerely,

American Academy of Family Physicians
American Academy of Neurology
American Association of Clinical Endocrinologists
American Clinical Neurophysiology Society
American College of Physicians
American College of Rheumatology
American Nurses Association
American Society of Hematology
Endocrine Society

December 17, 2019

Peter Smith, MD
Chair, AMA/Specialty Society RVS Update Committee (RUC)
American Medical Association
AMA Plaza
330 North Wabash Ave.
Chicago, IL 60611-5885

Re: Tab 34, Visit Complexity E/M Add-On (GPC1X)

On behalf of the 13 undersigned societies, we appreciate the opportunity to provide comments and a recommendation to the RUC regarding HCPCS code GPC1X.

RECOMMENDATION

We do not recommend conducting a RUC survey because we believe the work described by HCPCS code GPC1X is inherent to the CY 2021 office/outpatient E/M services codes, and instead we recommend:

- 0.00 work RVUs
- NO physician and/or QHP time
- NO practice expense inputs
- Utilization estimate of zero

RATIONALE FOR RECOMMENDATION

I. CY 2019 PFS proposed and final rules—new codes GCG0X and GPC1X

CY 2019 PFS Final Rule Descriptors:

GCG0X Visit complexity inherent to evaluation and management associated with endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, cardiology, or interventional pain management-centered care (Add-on code, list separately in addition to an evaluation and management visit)

GPC1X Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to an evaluation and management visit)

In the CY 2019 PFS proposed and final rules, CMS finalized the following changes to the office/outpatient E/M coding and payment.

- Reduction in the payment variation for office/outpatient E/M visit levels by paying a single blended rate for office/outpatient E/M visit levels 2 through 4, while maintaining the payment rate for office/outpatient E/M visit level 5 in order to better account for the care and needs of complex patients.

- Implementation of HCPCS add-on code GCG0X:

  "We are also proposing to create a HCPCS G-code to be reported with an E/M service to describe the additional resource costs for specialty professionals for whom E/M visit codes make up a large percentage of their overall allowed charges and whose treatment approaches we believe are generally reported using the level 4 and level 5 E/M visit codes rather than procedural coding. Due to these factors, ***the proposed single payment rate for E/M levels 2 through 5 visit codes would not necessarily reflect the resource costs of those types of visits*** [emphasis added]*."*

- Establishment of a new "primary care" HCPCS add-on code (GPC1X):

  "We believe the proposed value for the single payment rate for the E/M levels 2 through 5 new and established patient visit codes does not reflect these additional resources inherent to primary care visits, as evidenced by the fact that primary care visits are generally reported using level 4 E/M code. Therefore, to more accurately account for the type and intensity of E/M work performed in primary care-focused visits, we are proposing to create a HCPCS add-on G-code that may be billed with the generic E/M code set ***to adjust payment to account for additional costs beyond the typical resources accounted for in the single payment rate for the levels 2 through 5 visits*** [emphasis added]*."*

The above statements make clear that both codes were proposed to "make whole" certain specialties that previously billed higher level codes (ie, levels 4 and 5), but would be getting less reimbursement because of the single payment methodology that CMS initially proposed and finalized in the 2019 rules.

II. CY 2020 PFS final rule—consolidation of codes GCG0X and GPC1X

CY 2020 PFS Final Rule Descriptor:

GPC1X Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)

In the CY 2020 PFS final rule, CMS states that:

*"…due to the variation among the types of visits performed by certain specialties, we did not believe that the broad office/outpatient E/M visit code set captured the resource costs associated with furnishing primary care and certain types of specialist visits (FR 83 59638). …****we believe that the revised office/outpatient E/M visit code set and RUC-recommended values more accurately reflect the resources associated with a typical visit*** [emphasis added]. *However, we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits."*

> *"As such, we believe that there is still a need for add-on coding because the revised office/outpatient E/M visit code set does not recognize that there are **additional resource costs*** [emphasis added] *inherent in furnishing some kinds of office/outpatient E/M visits. We also clarify that the add-on coding is not intended to reflect any difference in payment based on the billing practitioner's specialty, but rather the recognition of **different per-visit resource costs*** [emphasis added] *based on the kinds of care the practitioner provides, regardless of their specialty. Therefore, we proposed to simplify the coding by consolidating the two add-on codes into a single add-on code and revising the single code descriptor to better describe the work associated with visits that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition."*

A. Discussion of "additional resource costs"

Initially, CMS proposed and finalized codes GPC1X and GCG0X to account for additional costs and resources not reflected in the **proposed single payment rate for levels 2 through 5 visits**. CMS' justification for the add-on codes in the CY 2019 PFS rule was that the blended payment rate would have resulted in decreased payment for certain specialties that typically bill mostly level 4 and 5 visits. That rationale no longer holds true under the new proposal of retaining the individual levels of office visit codes for reporting, because providers will be able to report a higher level E/M code for such visits, based on the level of MDM or time and payment for the visit will not be subject to a collapsed single payment rate for all levels 2 though 5.

In the CY 2020 final rule, CMS dismisses the original intent of these codes described above and offers a new rationale about "**additional resource costs"** that are not recognized in the revised E/M code set. CMS consolidates the terminology of previously described GPC1X and GCG0X by rescinding GCG0X and revising the descriptor for GPC1X.

To account for additional resource costs described by the revised code GPC1X, CMS finalized 11 minutes of work time and no practice expense inputs. This work time is static and applies to any level of office/outpatient EM code.

We disagree that every office/outpatient E/M visit for any new or established patient requires a single specific additional amount of physician and/or qualified health care professional (QHP) work time—for any reason—that is not captured in the revised office/outpatient E/M coding structure, as outlined below.

- The relationship of additional work time to the work time of each office/outpatient E/M code is inversely proportional. For example, 11 minutes related to a range of 15-29 minutes for code 99202 is a much higher percentage than how 11 minutes relates to a range of 60-74 minutes for code 99205. Intuitively, this does not make sense and CMS has not provided any compelling evidence (eg, literature) to show that the additional resource costs of such a service is the same for all E/M codes at all levels.

- The assignment of 11 minutes of physician and/or other QHP time has a specific implication; that no matter what level of medical decision making (MDM) is required for a patient encounter, the physician and/or QHP will require an additional 11 minutes on the

date of the encounter for services that are not included in or defined by the MDM guidelines and/or various other care management codes that can be reported concurrently.

- With respect to reporting the office/outpatient E/M codes based on time, an additional 11 minutes of physician and/or QHP time will easily allow reporting of the next level of code irregardless of the MDM required. In, fact, for codes 99212 and 99213, an additional 11 minutes can actually result in reporting TWO levels higher. For example, the time range for code 99213 is 20-29 minutes. The addition of 11 minutes to 29 minutes results in 40 minutes which can be reported with code 99215 (time range = 40-54 minutes).

B. Discussion of "typical patient"

CMS states in the CY 2020 final rule that the revised office/outpatient E/M visit codeset and RUC-recommended values more accurately reflect the resources associated with a ***typical visit***. However, the Agency believes the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits. As such, CMS believes that there is still a need for add-on coding because the revised office/outpatient E/M visit code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits.

We disagree that a code should be created to generically provide additional office/outpatient E/M visit payment for atypical patients for several reasons, as outlined below.

- The Harvard study, the RUC process, and CMS have always used the "typical patient" to develop recommendations for work and time. The assumption was that there is a wide variety of patient presentations, including some that require more work and some that require less work and that the typical (or median) work and time would result in overall equity.

- CMS has stated that for purposes of estimating the specialty level impacts, the agency assumed that the following specialties would bill code GPC1X with 100 percent of their office/outpatient E/M visit codes **because these specialties are likely to furnish the types of medical care services that serve as the continuing focal point for all needed health care services or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition**: family practice, general practice, internal medicine, pediatrics, geriatrics, nurse practitioner, physician assistant, endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonary disease.

  However, as shown in the table below, the RUC survey data clearly show that the median (ie, "typical") responses for work RVU and total time for primary care providers was less than providers of specialty care. Further, the RUC recommendations (accepted by CMS) represent an increase above the median (typical) values for primary care providers.

CPT	Descriptor / Specialty Group*	Survey N	work RVU	% diff from REC	Total time	% diff from REC
99202	**New Pt, 15-29 min day of visit**		**0.93**		**22**	
	PCP	572	**0.90**	**-3%**	**22**	**0%**
	Surgery	368	**1.00**	**8%**	**22**	**0%**
	Medicine	241	**1.00**	**8%**	**25**	**14%**
99203	**New Pt, 30-44 min day of visit**		**1.60**		**40**	
	PCP	664	**1.50**	**-6%**	**38**	**-5%**
	Surgery	448	**1.92**	**20%**	**38**	**-6%**
	Medicine	382	**1.92**	**20%**	**44**	**10%**
99204	**New Pt, 45-59 min day of visit**		**2.60**		**60**	
	PCP	675	**2.25**	**-13%**	**57**	**-5%**
	Surgery	460	**2.69**	**3%**	**58**	**-3%**
	Medicine	487	**2.75**	**6%**	**66**	**10%**
99205	**New Pt, 60-74 min day of visit**		**3.50**		**85**	
	PCP	595	**3.25**	**-7%**	**80**	**-6%**
	Surgery	388	**3.60**	**3%**	**80**	**-6%**
	Medicine	489	**3.68**	**5%**	**91**	**7%**
99212	**Estab Pt, 10-19 min day of visit**		**0.70**		**18**	
	PCP	627	**0.75**	**7%**	**17**	**-6%**
	Surgery	411	**0.75**	**7%**	**19**	**6%**
	Medicine	315	**0.76**	**9%**	**20**	**11%**
99213	**Estab Pt, 20-29 min day of visit**		**1.30**		**30**	
	PCP	694	**1.20**	**-8%**	**30**	**0%**
	Surgery	468	**1.39**	**7%**	**30**	**0%**
	Medicine	488	**1.35**	**4%**	**32**	**7%**
99214	**Estab Pt, 30-39 min day of visit**		**1.92**		**49**	
	PCP	703	**1.92**	**0%**	**49**	**0%**
	Surgery	469	**2.00**	**4%**	**47**	**-4%**
	Medicine	519	**2.00**	**4%**	**50**	**2%**
99215	**Estab Pt, 40-54 min day of visit**		**2.80**		**70**	
	PCP	658	**2.75**	**-2%**	**70**	**0%**
	Surgery	380	**3.00**	**7%**	**70**	**0%**
	Medicine	497	**2.79**	**0%**	**72**	**3%**

*For purposed of grouping the survey data, the involved specialties agreed to the following three groupings and specialty assignment: PCP specialties: Certified Nurse Midwife, Family Practice, General Practice, Geriatric Medicine, Hospice And Palliative Care, Internal Medicine, Nurse Practitioner, Pediatric Medicine, Physicians Assistant, Preventive Medicine. Surgical specialties: Cardiac Surgery, Colorectal Surgery (Proctology), Dermatology, General Surgery, Gynecological Oncology, Hand Surgery, Interventional Cardiology, Interventional Pain Management, Interventional Radiology, Neurosurgery, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic And Reconstructive Surgery, Podiatry, Surgical Oncology, Thoracic Surgery, Urology, Vascular Surgery. Medicine specialties: Addiction Medicine, Cardiac Electrophysiology, Cardiology, Endocrinology, Gastroenterology, Hematology, Hematology/Oncology, Infectious Disease, Medical Oncology, Nephrology, Neurology, Optometry, Osteopathic Manipulative Medicine, Pain Management, Pathology, Physical Medicine And Rehabilitation, Psychiatry, Pulmonary Disease, Rheumatology, Sports Medicine.

- The work and time for all global procedure codes are based on the typical patient. Infrequent outlier operative work requires reporting modifier 22, *Increased procedural services*, along

with documentation that must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). For 2018, there were 142,591 Medicare claims related to 3,429 CPT codes that had modifier 22 appended and approved for additional payment. These claims represent only 0.02% of the total claims for these 3,429 codes. This is not because there weren't more outlier patients requiring substantial additional work that was more than typical, but instead (we believe) because CMS payors adhere to the concept of "typical" patient and median payment. **This information strongly invalidates establishment of a code that assigns additional work RVUs and time to pay for "more than the typical" for all E/M services reported by primary care providers and some specialty providers.**

C. Discussion of CMS "crosswalk code"

CMS has based the time and work RVU assigned to GPC1X on a crosswalk to code 90785, *Interactive complexity (List separately in addition to the code for primary procedure)*. Code 90785 was created for CPT 2013 to replace a component of a series of interactive psychiatric diagnostic interview exam and interactive individual psychotherapy services under an old framework of codes using play equipment, physical devices, a language interpreter, or other mechanisms of communication. This add-on code of 11 minutes is only meant to be reported for time specifically related to the time to manage the anxiety, maladaptive communications, emotional reactivity, and conflict of non-patient participants present during a session (ie, parents, family, caregivers). Further, the work related to the code includes documentation of the nature of the interactive work, and communication with participants and others between sessions to ensure the treatment plan is implemented (and also to put away play materials, when play therapy is provided). Without regard to the time, work value and/or current reporting of code 90785, we can agree that this code describes very specific work related to specific guidelines and that the work was previously described and reported with deleted codes. In contrast, code GPC1X is to be reported for ***unidentified work associated with visits*** that are part of ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition. This information brings into question the validity of using 90785 as a crosswalk of "similar work and time" for GPC1X.

We also note that code 90785 has only been surveyed once and has recently been identified by the RAW through a screen of high volume growth, requiring an Action Plan for the upcoming January 2020 RUC meeting. The code was clearly defined in CPT and the work and several typical patients were described through the RUC process. None of the typical patient vignettes were patients who were in a facility, however (for Medicare), more than 60% of the claims are for patients in a facility. Further, 40% of 2017 Medicare claims for code 90785 came from less than 6% of providers reporting this service. This information brings into question the current time and work assigned to 90785, and therefore also questions the validity of using 90785 as a crosswalk for any code at this time.

SUMMARY

HCPCS code GPC1X is not warranted because:

- **The additional resource costs for any additional work and/or time are inherent to the new CPT coding framework for office/outpatient E/M visits which allows for selecting a higher level of service when more complexity (or more time) is required;**

- **The RUC and CMS process for code valuation has always been based on the typical patient which incorporates work and time for atypical patient outliers that may require more or less work.**

- **The RUC survey data for the office/outpatient E/M codes show that the typical patient for primary care providers requires less work and/or time than specialty care providers which refutes the idea that code GPC1X is needed to provide extra payment to primary care providers because the median work RVU for the E/M codes undervalues their work.**

As such, we recommend no relative value units, no time, no practice expense inputs, and a utilization estimate of zero—or preferably—that a recommendation be sent to CMS to rescind this code with the justifications provided above.

Thank you for consideration of these comments and recommendations. We look forward to the RUC discussion of code GPC1X.

Sincerely,

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Daniel Siegel, MD, FAAD, RUC Advisor, American Academy of Dermatology Association
John Ratliff, MD, FAANS, FACS, RUC Advisor, American Association of Neurological Surgeons
David Glasser, MD, RUC Advisor, American Academy of Ophthalmology
William Creevy, MD, RUC Advisor, American Academy of Orthopaedic Surgeons
Timothy Tillo, DPM, RUC Advisor, American Podiatric Medical Association
Parag Parekh, MD, RUC Advisor, American Society of Cataract and Refractive Surgery
Steve Sentovich MD, FACS, RUC Advisor, American Society of Colon and Rectal Surgeons
John Thompson, MD, RUC Advisor, American Society of Retina Specialists
Anne Miller, MD, RUC Advisor, American Society for Surgery of the Hand
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Karin Swartz, MD, FAANS, RUC Advisor, North American Spine Society
Matthew Sideman, MD, FACS, RUC Advisor, Society for Vascular Surgery